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THE JOURNAL  
OF  
MENTAL SCIENCE

*Published by Authority of the Medico-Psychological Association.*

EDITED BY  
C. L. ROBERTSON, M.D. CANTAB.  
AND  
HENRY MAUDSLEY, M.D. LOND.

“ Nos vero intellectum longius à rebus non abstrahimus quam ut rerum imagines et  
radii (ut in sensu fit) colore possint.”

FRANCIS BACON, *Proleg. Instaurat. Mag.*

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VOL. XIII.

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MDCCLXVIII.

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"IN adopting our title of the *Journal of Mental Science*, published by authority of the *Medico-Psychological Association*, we profess that we cultivate in our pages mental science of a particular kind, namely, such mental science as appertains to medical men who are engaged in the treatment of the insane. But it has been objected that the term mental science is inapplicable, and that the terms, mental physiology, or mental pathology, or psychology, or psychiatry (a term much affected by our German brethren), would have been more correct and appropriate; and that, moreover, we do not deal in mental science, which is properly the sphere of the aspiring metaphysical intellect. If mental science is strictly synonymous with metaphysics, these objections are certainly valid, for although we do not eschew metaphysical discussion, the aim of this Journal is certainly bent upon more attainable objects than the pursuit of those recondite inquiries which have occupied the most ambitious intellects from the time of Plato to the present, with so much labour and so little result. But while we admit that metaphysics may be called one department of mental science, we maintain that mental physiology and mental pathology are also mental science under a different aspect. While metaphysics may be called speculative mental science, mental physiology and pathology, with their vast range of inquiry into insanity, education, crime, and all things which tend to preserve mental health, or to produce mental disease are not less questions of mental science in its practical, that is, in its sociological point of view. If it were not unjust to high mathematics to compare it in any way with abstruse metaphysics, it would illustrate our meaning to say that our practical mental science would fairly bear the same relation to the mental science of the metaphysicians as applied mathematics bears to the pure science. In both instances the aim of the pure science is the attainment of abstract truth; its utility, however, frequently going no further than to serve as a gymnasium for the intellect. In both instances the mixed science aims at, and, to a certain extent, attains immediate practical results of the greatest utility to the welfare of mankind; we therefore maintain that our Journal is not inaptly called the *Journal of Mental Science*, although the science may only attempt to deal with sociological and medical inquiries, relating either to the preservation of the health of the mind or to the amelioration or cure of its diseases; and although not soaring to the height of abstruse metaphysics, we only aim at such metaphysical knowledge as may be available to our purposes, as the mechanician uses the formularies of mathematics. This is our view of the kind of mental science which physicians engaged in the grave responsibility of caring for the mental health of their fellow men, may, in all modesty, pretend to cultivate; and while we cannot doubt that all additions to our certain knowledge in the speculative department of the science will be great gain, the necessities of duty and of danger must ever compel us to pursue that knowledge which is to be obtained in the practical departments of science, with the earnestness of real workmen. The captain of a ship would be none the worse for being well acquainted with the higher branches of astronomical science, but it is the practical part of that science as it is applicable to navigation which he is compelled to study."

J. C. BUCKNILL.

No. LXL.—New Series, No. 25.]

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No. 61. NEW SERIES,  
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VOL. XIII.

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## PART I.—ORIGINAL ARTICLES.

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*The Criminal Lunatics of Scotland.* By J. BRUCE THOMSON,  
L.R.C.S. Edin., and Resident Surgeon, General Prison for  
Scotland at Perth.

FOR twenty-one years the criminal lunatics of Scotland have been, with only one or two exceptions, confined in a branch or separate building of the General Prison, called the Department for Criminal Lunatics. This department was opened in October, 1846, under a public grant; and due inquiry having been made throughout the kingdom, all prisoners of the criminal lunatic class confined for life or during Her Majesty's pleasure were transferred thither in terms of Act 2 and 3 Vict., c. 42, and 7 and 8 Vict., c. 34.

Such a prison asylum was called for to ensure "close and safe" custody of the most dangerous class of lunatics, and more especially as the superintendents of lunatic asylums objected to receive criminal lunatics on account of the security required for their safe custody, and because objections were taken to the insane being associated with persons who had been charged with committing violent and heinous crimes.

In Scotland the term criminal lunatic is applicable to the following classes, viz. :

1. Prisoners found insane in bar of trial.
2. Prisoners tried and found insane at date of crime.
3. Prisoners who have become insane while undergoing their sentences in prison.

The first and second classes generally comprehend all who have committed homicide, or other grave offences of a violent kind ; class three was for many years restricted to prisoners undergoing long sentences in the General prison at Perth ; but by Act 25 and 26 Vict., c. 54, this last class has been made to comprehend prisoners in local prisons undergoing short sentences of a few months only, if such insane prisoners are certified as more fit to be detained in the lunatic department of the General prison rather than in an ordinary lunatic asylum. By sect. 22 such prisoners may be removed to the lunatic department of the General prison ; and by sect. 19 of the said Act it is declared that any convict or other prisoner confined in the General prison at Perth, if duly certified insane, and that his insanity is of a kind which renders it advisable that he should be detained in the lunatic department of the General prison, rather than in any other lunatic asylum, such a prisoner may be detained under warrant of Her Majesty's Secretary of State in the said lunatic department.

Only three prisoners have been detained under this section (19) after expiry of their sentences, all very dangerous lunatics : one, J. McG— or G—, accused and convicted of fire-raising, restless, mischievous, and dangerous, still in custody ; another, J. W—, who has been twice convicted of assault with intent to ravish ; and a third, J. W—, a powerful and dangerous man, convicted of assault by cutting and stabbing, and previous conviction of assault, who recovered, and was liberated by warrant of Her Majesty's Secretary of State.

The following table gives the admissions annually to the lunatic department of the General prison for twenty-one years :

*Table of Admissions, 1846—1866.*

YEARS.	CRIMINAL LUNATICS.		TOTALS.
	Males.	Females.	
1846 . . . . .	7	3	10
1847 . . . . .	13	5	18
1848 . . . . .	9	2	11
1849 . . . . .	9	2	11
1850 . . . . .	8	2	10
1851 . . . . .	8	3	11
1852 . . . . .	6	4	10
1853 . . . . .	2	1	3
1854 . . . . .	3	0	3
1855 . . . . .	5	1	6
1856 . . . . .	2	3	5
1857 . . . . .	4	5	9
1858 . . . . .	7	3	10
1859 . . . . .	7	7	14
1860 . . . . .	5	3	8
1861 . . . . .	1	4	5
1862 . . . . .	5	0	5
1863 . . . . .	2	2	4
1864 . . . . .	7	1	8
1865 . . . . .	11	4	15
1866 . . . . .	8	0	8
Total . . . . .	129	55	184

The average admissions, per annum, has been 8·8.

The authorities for admission into the lunatic department for criminals are:—sentence or order of Court, which applies to No. 1 and 2 classes, the class No. 3 being by authority of the General Board or Prison Managers under medical certificates, and sometimes by warrant of Her Majesty's Secretary of State.

The proportions of the different classes of criminal lunatics comprehended in the above table of admissions were:

1. Of prisoners found insane in bar of trial . . . . . 29
2. Of prisoners tried and found insane at date of  
crime . . . . . 26
3. Of prisoners who became insane in prisons . . . . . 129

The greatest number have become insane while undergoing their sentences in the General prison (these are long-sentenced prisoners) :

Males, for not less than 9 months.  
 Females, „ „ 12 „  
 Convict females from 3 years and upwards to life.

All the female convicts of Scotland undergo nearly all their sentences throughout in this prison, and belong to the most depraved and dangerous classes—the criminal population hereditarily born and bred to crime.

Our table of criminal lunatics is remarkable for showing that the males are twice the number of the females, viz. :

Males . . . 129  
 Females . . . 55

This disproportion of the sexes is very different from what exists among the insane of the civil population in the three kingdoms. A table of admissions to Bethlehem Hospital, extending over thirty-eight years, gave a large preponderance of females :—Males 3·511, and females 5·407 ; and the reports of the Lunacy Commissioners generally show the same, the last report for Scotland giving—

Males . . . 3005  
 Females . . . 3463

We do not hazard any conjecture as to the cause of the small number of female criminal lunatics in Scotland.

*Table of Ages of Criminal Lunatics.*

YEARS.	MALES.	FEMALES.	TOTALS.
10 and under 20	24	10	34
20 „ 30	52	20	72
30 „ 40	27	18	45
40 „ 50	15	4	19
50 „ 60	9	3	12
60 „ 70	2	0	2
Total . . . .	129	55	184

By the above table of ages the maximum liability to criminal insanity appears to be from 20 to 30.

*This corresponds with Dr. Thudichum's cases, amounting to*

5122 : whereas the Hanwell statistics indicate the critical period to be from thirty to forty years of age. Esquirol's experience led him to consider insanity liable to increase progressively after maturity. The ages given of the Scottish criminal lunatics are as at the dates of committal, but it is impossible to say how nearly they express the date of the first onset of insanity.

The offences charged against these 184 criminal lunatics were—

Theft .....	87	Concealment of pregnancy .....	2
Murder .....	36	Malicious mischief .....	2
Assault .....	19	Forgery .....	2
Robbery .....	8	Falsehood, fraud, &c. ....	2
Stabbing .....	7	Uttering base coin .....	1
Assault with intent to ravish ...	6	Rape .....	1
Wilful fire-raising.....	3	Horse-stealing .....	1
Bigamy .....	3	Felony .....	1
Breach of trust .....	3		

The forms of insanity manifested were—

Mania, chronic .....	70	Mania, hysterical .....	1
„ homicidal .....	33	Dementia .....	38
„ acute .....	12	Imbecility .....	7
„ epileptic .....	6	Idiocy.....	4
„ puerperal .....	3	Feigned (?) .....	8
„ melancholia .....	2		

The counties from which these criminal lunatics were sent :

1 Aberdeen .....	7	18 Kinross .....	0
2 Argyle .....	12	19 Kirkecudbright .....	1
3 Ayr.....	8	20 Lanark .....	40
4 Banff .....	1	21 Linlithgow .....	2
5 Berwick .....	0	22 Nairn .....	0
6 Bute .....	0	23 Orkney .....	0
7 Caithness .....	0	24 Peebles .....	0
8 Clackmannan .....	1	25 Perth .....	11
9 Dumbarton .....	1	26 Renfrew .....	6
10 Dumfries .....	2	27 Ross and Cromarty .....	1
11 Edinburgh .....	33	28 Roxburgh .....	5
12 Elgin .....	0	29 Selkirk .....	1
13 Fife .....	8	30 Stirling .....	18
14 Forfar.....	11	31 Sutherland.....	0
15 Haddington .....	0	32 Wigtown .....	3
16 Inverness .....	7	33 Zetland .....	4
17 Kincardine.....	1		

Intending to enter into further particulars of the class of lunatics at some future time, I cannot avoid offering a few remarks, in conclusion, as to “who ought to be considered criminal lunatics under the charge of the State?”

Objections have been taken *in toto* to criminals being, when insane, treated in other than the common lunatic asylums of the county, and that, properly speaking, there ought to be no such distinctions as are held betwixt the criminal class and other lunatics. But in Scotland we have practically found the objection very strong

and general against criminals being admitted to ordinary asylums. The following is an example of this :

W. C.— secreted a lethal weapon, and suddenly murdered one of the inmates in the asylum where he was an inmate. Some delay or hesitation as to the procedure of the public prosecutor took place, and the homicidal act seemed to be overlooked, when the asylum functionaries began to consider that it would be well to get quit of the criminal lunatic, and refuse to retain him in their charge. Perhaps they thought it might injure the establishment. Be that as it may, the public prosecutor, as we believe, for fear of the criminal lunatic sooner or later being set at large, brought him to trial before the High Court of Justiciary, Edinburgh. The verdict was, “Insane at the time of the offence,” and he was ordered to be placed in strict custody during Her Majesty’s pleasure. Here, then, was a case showing the necessity of an asylum for the safe custody of this class of lunatics.

Another recent case, where a criminal lunatic was placed in an ordinary asylum, and afterwards set at large, as it seems, injudiciously, may be here referred to. The truth is, private friends and petty interests are less likely to induce those in charge of lunatics to set them at liberty, if the patients are under the charge of the State.

— — stabbed a man in the streets, the lunatic being under a fit of temporary mania from intoxicating liquors. The criminal lunatic had hereditary tendency to insanity. As in cases of this kind, the homicide recovered his intellects almost immediately after the heinous act, and continued well for a time under the quietude and exemption from all exciting causes in the asylum. At length he was liberated, and not long after was again incarcerated for an act of violence. My doctrine is, that such a man’s antecedents were quite sufficient to lead to his detention for life in confinement, and for this purpose he ought to have been in charge of the State as a criminal lunatic. This was one of the few criminal lunatics of Scotland charged with murder, who were allowed to be placed in an asylum other than the lunatic department of the General prison.

As a general rule, then, all who have committed violent and grave offences, found insane at the time of offence, or found insane in bar of trial, ought to be regarded as criminal lunatics, and under the charge of the State in a prison asylum.

But very different views are held upon what classes come within the category of criminal lunatics; and in the three kingdoms no distinct agreement is found as to who are criminal lunatics.

About two years ago I visited all the criminal lunatic asylums in Great Britain, and was greatly surprised at the differences of practice on this important matter.

The great criminal asylum at Broadmoor was newly opened in the beginning of 1864, when I visited it; and there I found, under a

royal or Secretary of State's warrant, a number of patients who had committed petty crimes, and were labouring under imbecility or dementia—persons by no means violent or dangerous. Why should not such cases be placed in pauper asylums rather than in a State asylum, perhaps for life, under a royal warrant? I am aware that there had been a selection made from the criminal lunatics before Broadmoor was opened, but it did seem that a re-selection was required.

In Ireland the state of matters, owing partly to the distracted state of the country, was still more anomalous. By the Acts 2 Vict., cap. 27, and 8th and 9th Vict., cap. 107, insane persons, when duly certified to be dangerous lunatics, were committed to prison. The results were, disturbance of the prison discipline and defective care and treatment of lunatic prisoners. When I visited, in 1864, the central asylum at Dundrum, the inmates amounted only to 128; whereas, according to the report of 31st December, 1862, the number of dangerous lunatics was 378, those not in Dundrum asylum, being scattered over the various metropolitan and county prisons, often very ill-cared for. The increased asylum accommodation, we hope, has remedied this.

In Scotland the term criminal lunatics does not extend to all criminals insane, but has been carefully restricted to those committed for violent and grave crimes, and whose liberation would be dangerous to the lieges. In this respect Scotland is better than England. The criminal insane of Scotland are not, as in Ireland, detained in prison cells like common criminals, but placed in the lunatic department, a branch of the General prison, yet having all the comforts of an asylum that are compatible with the safe custody of a class regarded as unfit to be at large.

*The Asylums for the Insane in St. Petersburg and Copenhagen.* By  
T. B. BELGRAVE, M.D. Edin.

THE labours of the reformers of lunatic asylums in England have been beneficially felt in the remotest countries in the world. While in France, where the humane method of treatment was initiated, and in certain other continental countries, the amelioration in the condition of the insane has been less conspicuous than could have been desired or expected in nations which have attained a brilliant development in most of the other arts of civilisation, Russia and the Scandinavian kingdoms have exhibited an earnest desire to avail themselves of the advantages of the most enlightened treatment.



It should be a source of just pride to England that in the treatment of the insane she has become a model to the rising, and the envy of some of the older, nations of the world.

In the north of Europe the "English system" is the prevalent one; and in the erection of new asylums, well-known buildings in England have been adopted as models.

In Russia, the public lunatic asylums are undergoing a thorough reorganization; a new asylum on an improved English model is to be built in each government, where the existing structures are insusceptible of sufficient improvement to meet the enlightened views of the authorities.

The Imperial Government has appointed a central commission, composed of medical men, to superintend the new organization, and has wisely accorded them full discretionary power in determining the plans and arrangements of the new edifices.

In the mean time great efforts are being made to render existing accommodation as efficient as possible; and as certain interests, and the views of particular *administrateurs* have a tendency to deprive these measures of their temporary character, it is desirable they should be criticised freely, though in perfect good faith.

The severity of the climate in Russia, and the long duration of the winter, increase immensely the requirements of an asylum, and the expense of its maintenance.

In St. Petersburg there are four public asylums: the "General Asylum," situated about seven versts from the city, on the road to Peterhoff; the asylum at the "House of Correction of St. Petersburg;" the asylum at the "First Military Hospital;" and the asylum at the "Second Military Hospital," connected with the "Medico-Chirurgical Academy," and under the superintendence of Dr. Blinski, the professor of psychology in that institution.

The "General Asylum of St. Petersburg," in which both public and private patients are taken, is, in more senses than one, an imposing-looking edifice, and is surrounded by extensive grounds, originally intended for and laid out as gardens, but which are at present in such disorder that all trace of their original purpose is lost.

The building consists of one front and two lateral detached blocks. It is said to have been built after an English model, and in many of its internal arrangements it resembles Bethlehem Hospital. The corridors are long and spacious, but painfully dark, the only direct light being derived from a window at each end.

The dormitories and day-rooms are situated on each side of the galleries, the former containing for the most part two beds; an arrangement contrary to a received principle in asylum arrangements, viz., that two patients should not sleep alone in the same room.

There are no pictures or busts to relieve the monotonous appearance of the wards ; but the furniture is of a plain though substantial character. There is a beautiful chapel, but a remarkably small proportion of patients appear to attend Divine service. The cushions in the padded rooms are stuccoed with a material which renders them so hard, as to impair very considerably their suitability for those peculiar and rather rare cases for which they are required. Though the use of mechanical restraint is not professedly abolished in this institution, it appears to be so practically.

Notwithstanding the vast extent of the building, in consequence of each sleeping apartment containing but two beds, the greatest difficulty is experienced in providing accommodation for patients ; and recently some temporary wood houses have been erected to relieve the main building.

Unlike what obtains in other asylums in St. Petersburg, the patients are here clothed in ordinary dress.

The diet in this establishment is of a very superior description, many of the patients having meat two or three times daily. About 100 male inmates are reported to be habitual workers ; but the state of the grounds, and the size of the workshops, convey the opinion that their labour is rendered less available than is desirable, either for its own sake or for its salutary influence on their bodily and mental condition.

Though land is tolerably cheap in the neighbourhood, no farm is attached to the institution ; there are no airing-grounds, in which during summer patients might stroll at pleasure ; and the garden is so situated that only the less troublesome patients can avail themselves of it occasionally, vigilant surveillance on the part of several attendants being moreover rendered necessary by the absence of railings, boundary walls, or hedges.

The mechanical appliances in connection with the beds for wet and dirty cases are numerous and ingenious ; but in this, as in every Russian asylum the traveller may visit, it will be found that no steps whatever are taken with a view to *prevention*. In Great Britain it is by no means an uncommon circumstance to find, that in an asylum containing 500 or 600 patients, not more than two or three pairs of sheets have required changing during the night. This result is accomplished by advantage being taken of the power of habit, and its influence over the natural functions. Among some people this power is very considerable ; with the insane, who are so often the subjects of a paralysis of volition, it is irresistible.

Many patients in whom the routine of asylum life has cultivated the habit of walking in a particular direction, sitting in a given situation, or sleeping in a certain room, have been known to jeopardise and even sacrifice their lives, when a fire, the falling of a wall, or

other accident, have rendered it necessary for them to break through their accustomed automatic habits.

Some physiological functions are almost completely under the sway of habit, and an immense experience in England has now proved that patients who have lost control over their excretory functions, may be kept dry and clean by being afforded the opportunity, and encouraged, to relieve themselves at fixed and regular periods during both night and day.

Though throughout the whole Russian empire there is not a single establishment for the improvement or care of congenital imbeciles, no attempt has been made in the St. Petersburg asylum to provide any of those special means of treatment which in England and elsewhere have been attended with so much benefit in such cases.

There is one feature in this institution, in common with other asylums in Russia, which is well worthy of imitation in England. A committee of charitable persons of rank superintends the arrangements for the amusement of patients, and, with a view to prevent relapses in recovered patients who are friendless, or in pecuniary distress, undertakes to assist them in procuring employment, and to re-establish them in life, the attendant expenses being defrayed from a special fund, the produce of voluntary contributions.

These benevolent labours have in practice been found to work admirably, and the Russian physicians attribute to this co-operation an immense influence in promoting the cure of the resident, and perpetuating the recovery of the discharged, patients. In England, the physicians to asylums find great difficulty in organizing sufficient and regular amusement for patients; and but too often have to lament the recurrence of insanity in patients who, had they received a little kind guidance and support during a short period following their discharge, would have retained their restored reason, and continued useful members of society.

It must be confessed that the structural arrangements of the principal asylum of St. Petersburg render it ill suited for the treatment of the insane, however secure it may be as a place of detention. Under the management of an expert experienced in the details of asylum architecture, it is susceptible of adaptation to what should be considered the most important object of the institution, viz., the cure of its afflicted inmates, while at the same time accommodation for an increased number of patients might be secured. The alterations most urgently required are, that the partition walls of many of the two-bedded sleeping apartments should be pulled down, associated dormitories to contain ten or twelve beds being substituted in their stead; that airing-grounds, in which during summer patients might walk about at pleasure, should be laid out, and surrounded by ornamental railings; also, which is of great consequence in the treatment of the insane in a country like Russia, that

abundance of sunlight and opportunities for exercise should be provided during the long winter, by the erection of some spacious glass houses.

Under present arrangements, many of the unhappy inmates might with equal prospect of benefit be immured in a dungeon, for all the light they receive during the winter. The attendants in this asylum are selected from a public institution in which they have been educated, and are characterised by some degree of refinement, and are animated by an *esprit de corps* which is quite unique in the asylums of Europe, and immensely facilitates the labours of the physicians. Ladies of station superintend the nursing in the female wards, the beneficent influence of whose labours is brought into more striking relief by the difficulties which the professional visitor perceives the defective structural arrangements must entail on the management of the house.

Notwithstanding all disadvantages, and in consequence, probably, of the easy *abandon* and natural amiability of the Russian character, the patients in this asylum appear more cheerful and happy than their brethren in misfortune in most asylums in England. This gratifying state of things is, doubtless, powerfully contributed to by the genial personal qualities of Dr. Laurentz, the director, whose system of government is of the paternal order, and whose kind sympathy and concern for his patients is reciprocated by an affection on their part which intense affliction in many cases only stimulates into more evident expression. There is a sprinkling of patients of superior station and education in this asylum.

There are three medical attachés; the superintendent receiving a lower, and the junior officers, a higher salary than obtains in England; the latter also not being on duty the entire week. It appears suicidal melancholia occurs less frequently in Russia than in other parts of Europe; mania, dementia, and general paresis being the more common forms of insanity observed in that country.

The excessive consumption of wotky, induced by its unprecedented cheapness, has, in the opinion of the medical profession, contributed most powerfully to the increase in the number of cases of general paresis observed during the present reign. There can be no doubt that an increased duty on the native brandy is urgently called for by considerations of public health and morality, as well as by the increasing financial necessities of the Imperial Government.

The asylum at the House of Correction of St. Petersburg is for the reception of criminal lunatics. Unfortunately, the institution at present contains an unusual number of patients of Polish nationality; the recent political troubles in Poland having, as is so often observed, developed tendencies among many which, during happier

periods might have remained latent, or have exhibited themselves in less dangerous forms.

It is consolatory to know that the Russian Government, in its behaviour towards these afflicted persons, is practically oblivious of their previous career, treating them with the utmost consideration and kindness.

The asylum is situated on a floor of a vast prison, and contains nearly 300 patients.

It consists of a series of corridors, with bilateral chambers.

Though the galleries are spacious, they are dark, receiving direct light through but one window situated at each end.

Some borrowed light is afforded through a few side windows.

The lateral chambers consist of handsome dining- and sitting-rooms, associated and single dormitories.

The furniture is substantial and in good taste, nearly equal to what is found in Russian houses of good class.

Graceful exotic plants are placed in convenient situations in both the rooms and galleries, imparting an air of elegance to the apartments, and contributing to the purity of the atmosphere.

The associated dormitories are lofty, spacious, and well-ventilated, containing each about ten beds.

The bed-linen is of a very superior description, and the padded and other single rooms are well appointed.

The asylum contains a painfully large proportion of severe cases of melancholia and mania.

Mechanical restraint is highly disapproved of by the superintendent, Dr. Dinkoff, and his coadjutor, two Polish physicians of unusual accomplishments, and is only resorted to under very rare and exceptional circumstances.

An English lady is resident in the establishment.

There are no airing-grounds or gardens.

Fortunately the present asylum is not destined to be permanent, but is only intended to be devoted to the detention of criminal lunatics until a more suitable edifice in the country has been erected.

It soon becomes evident to the visitor that the majority of the patients in this establishment originally belonged to a station in society above those classes who recruit most criminal asylums. Notwithstanding the gloom and unsuitability of the building for the purposes of a lunatic hospital, and the consciousness of many of the inmates of the nature of their position, the institution is conducted with singular success. A degree of mirth and contented resignation pervades so many of the patients that the visitor with difficulty realises the fact of its being a prison. This fortunate result arises from the circumstance that the asylum is exclusively under medical management and control, and that the resident physicians are men experi-

enced in the treatment of lunacy, and are animated by that spirit of sympathy for their suffering fellow-creatures which is the characteristic of generous minds.

The in-door recreations in this asylum are more numerous and more systematically carried out than in many reputed asylums in England.

The cubical and superficial areas per patient are in excess of what is considered necessary in England.

The number of cases, and the severity of some, render it of great consequence that out-door exercise should be afforded to a few even in winter. A walk or a drive beyond the precincts of the prison might certainly with perfect safety be afforded to such feeble creatures as many of the inmates appear to be, and would undoubtedly be attended by most salutary results.

As many of the patients are educated people, a suitably and liberally selected library should be provided them ; and the walls of the galleries and rooms require to be freely adorned with pictures ; not for the sake of additional decoration, but with a view to their value as means of diverting the attention of patients.

As the afflictions of many of the inmates, particularly those of Polish origin, was induced by irregular habits, the natural result of want of occupation, no convalescent or recovered patient should be discharged until she or he have been taught some useful art. It has long been notorious that the perpetual strife in Poland, so prolific a cause of insanity, has been in very great measure caused by the indolence and ignorance of the useful arts, of the petty nobles, who, being too proud or too idle to learn a trade, are unceasingly plotting against a beneficent government, in the hope of ultimately acquiring what they deem the necessary support of their titular rank, viz., the possession of serfs. Taking into consideration that the present asylum is but an expedient, it reflects great credit on its resident physicians for the skill displayed in adapting a most unpromising building to a very difficult purpose.

The asylum attached to the "First Military Hospital" contrasts unfavorably with the other departments of the institution.

The wards devoted to lunatic officers here are simply disgusting, being dark, utterly devoid of pictures, ornaments, plants, or even decent-looking furniture. The sleeping and sitting-rooms are used indifferently during the day, and they all bear a cheerless appearance, sufficiently accounting for the discontent and gloom observable among the unhappy inmates, who mope about, partially clad in sombre-looking grey dressing-gowns, apparently without any other means of diversion than smoking. Though hardly thirty in number, they distress the visitor by their very natural clamours and excitement, and painfully impress him with a sense of their forlorn and pitiable condition.

There is no book or newspaper to divert their thoughts, or to relieve the monotony of their existence. The triumphs of Russian literature might have had no existence, for all the pleasure or benefit it confers on them. The inimitable wit and humour of the fabulist Kréloff, the curious research and graceful diction of the historian Karamsin, and the beauty and originality of the poet Pouschkine, may meet with as keen an appreciation in an asylum as out of one, and afford as much relief to the subject of mental disease as to the sufferer from bodily disorder.

The first military hospital is surrounded by extensive, though ill-kept, gardens; practically, however, they are not for its insane inmates, who are confined within-doors with a rigour which must be disastrous in its effects on their mental and bodily health, and certainly ill accords with the enlightened wishes of the Imperial Government.

The lunatic soldiers confined here fare better than the officers, having a spacious gallery to walk about in, whereas the wards previously described are comparatively small rooms.

Not the slightest attempt has been made to adorn the wards by pictures or other means, nor are any amusements provided. There is absolutely nothing to divert the melancholiac from his distressing thoughts, or to rouse the dement from his stolidity and mental inanition.

As in other asylums in Russia, the food here is superior in quality, variety, and quantity, to what it is possible to afford public patients in England, where the necessaries of life are so much dearer.

The visitor leaves the lunatic department of the First Military Hospital of St. Petersburg with a heavy heart, impressed with a conviction that its managers have ill prepared themselves for their vocation, and devoutly praying that that Government in whose service the poor soldiers, among whom (as has been unhappily the case in England) is many a Crimean hero, lost what is far dearer than life—their reason—may soon transfer them to quarters more suitable to their condition and commensurate with the sacrifices they have made in the pursuit of duty.

The asylum attached to the "Second Military Hospital" is connected with the "Medico-Chirurgical Academy," and has been designed, or rather adapted, by Dr. Belinski, the Professor of Psychology in that Institution, with a view to instruct his very numerous pupils.

Other than military men are received; and persons of both sexes may enter as private patients. There are in all about two hundred, the high reputation of the Professor rendering the Institution the favorite asylum in the city.

The building is of quadrangular form and rather extensive; behind it are several large and small gardens.

It having been instituted by the Government for the special purpose of educating young physicians in the treatment of the insane, with a view to their subsequent employment as managers of asylums in course of erection, it is unique in its appointments and structural arrangements. There are six paid medical officers, the superintendent receiving about £150 a year more than his subordinates. The attendants are in the proportion of one to four patients.

The building is constructed in numerous apartments for the purpose of affording accommodation to patients belonging to different ranks of society, and to facilitate clinical study without inconvenience to the inmates.

Classification of cases is carried out to a greater degree than obtains elsewhere. All medical students who contemplate adopting Psychology as a specialty are required to do duty as ordinary attendants during six months.

All the patients are under constant observation night and day, this practice being facilitated by the internal plan of the building, which is that of passages about six feet wide, into which open the common day-rooms, the dormitories, and the apartments for the wealthier private patients.

Attendants walk up and down these corridors like sentinels, and are enabled to see the interior of the rooms without being seen ; this advantage being gained by keeping the patients' apartments much lighter than the passage, and placing wire blinds behind the inside windows of the room, which also furnish light to the passages.

This arrangement also offers opportunities for the delivery of short clinical lectures to a small party of quiet students without disturbing the patients, though with many of the public patients who are demented and unexcitable no particular precautions nor ceremony are exhibited.

Though so many attendants are on duty here night and day, no *preventive* measures have been systematically adopted in wet and dirty cases, the natural result being that instances of this kind are common enough every day. Dr. Belinski, however, with that readiness to adopt a good suggestion so characteristic of a well-disposed mind, intends immediately to remedy this defect in the manner adopted in well-regulated asylums in England.

Mechanical restraint is professed, but rarely adopted, the battened, padded, and strong rooms being found equal to most emergencies.

Now and then it is resorted to in certain destructive cases, but Dr. Belinski entertains the hope of soon being able to dispense with it in these instances, the difficulty at present being the excessive cost of sufficiently strong clothing material, which is imported from England.

In the treatment of certain forms of lunacy, and its general



hygienic influence on all classes of patients, Dr. Belinski is a believer in water. Hence, he has fitted up in this asylum an elaborate system of baths of various kinds ; and, though water is a dear commodity in St. Petersburg during winter, he can afford each of his two hundred patients a bath of fresh water any day of the week, a necessity which only the very best asylums in England can supply.

Dr. Belinski has had a miniature crystal palace constructed for winter promenade and recreation ; it is well ventilated and adorned with a superb fountain in the centre and numerous exotic plants, which impart to it an aspect at once refreshing and elegant. Among a people so partial to social intercourse and fond of amusement abundant means of recreation are indispensable in the treatment of the insane. Dr. Belinski recognises this necessity, and has met it in a more complete manner than has been accomplished in England. In addition to billiard-rooms, well stored reading-rooms, and a variety of gymnastic apparatus, balls, parties, and entertainments of various kinds are given throughout the year, on a scale and with a degree of regularity their incalculable importance as curative agencies calls for. At these réunions, always conducted with becoming decorum and ceremony, benevolent persons of rank frequently take part. Attempts are made to draw out particular patients, and all are gently encouraged to contribute to the common amusement by a display of their individual gifts.

The history of the asylum, though short, has satisfactorily proved the compatibility of clinical instruction with successful domestic management and medical treatment. It has been observed that the majority of the public patients soon become accustomed to the few students who accompany the medical officers on their professional visits, when the young gentlemen comport themselves with ordinary discretion ; indeed, many of the unhappy creatures appear to derive benefit from the intercourse.

Instruction is afforded on a definite plan. Each physician delivers, in a leisurely manner, short clinical remarks to his small class, in illustration of the lectures previously delivered by the Professor. A knowledge of diagnosis, prognosis, and the details of treatment, is imparted at the same time. Each student has one or two typical cases allotted to him, which he is required to observe and study minutely, taking extensive notes of their progress, recording all evident changes in their bodily and mental condition, the results of a quantitative and qualitative analysis of their urine, &c.

After having attended the University course of lectures on Psychology, and passed through the clinical ordeal, including the six months' residence as an attendant, a student is considered eligible for the position of resident medical officer in a lunatic hospital.

The asylum for the insane connected with the "Second Military Hospital" of St. Petersburg is the most interesting feature in

that extensive Institution, and reflects equal credit on the Imperial Government for its liberality and wisdom in according *carte blanche* to competent medical authority in all that concerns its structural arrangements, and domestic and general management ; and on Dr. Belinski for the masterly manner in which he has acquitted himself of his onerous task.

The Asylum for the Insane of Copenhagen and the Island of Zealand is situated at Bistrupp, about fourteen Danish miles from the capital.

It contains about 500 patients, public and private ; and is under the management of Dr. Woldemar Steenberg.

The main building has a handsome elevation, and in its external appearance leaves little to be desired. It consists of a central block and two retreating wings. The interior does not realise the anticipations formed on a view of its handsome exterior and its lovely gardens.

It appears that the evident decadence of Danish power of late years has so afflicted the national sentiment as to induce a general gloom and melancholy. The traveller may walk through Copenhagen without meeting a single smiling countenance.

A conviction pervades the Danish nation that it is doomed to absorption by Germany ; and this feeling has induced a settled melancholy, which the universal well-being of the people and the excellence of their Government only contribute to make more conspicuous. In social intercourse the destiny of the nation is constantly discussed and lamented. One result of this painful feeling is an increase in the proportion of lunatics to the general population.

The predominating form of mental disease is melancholia, characterised in the majority of instances by a distressingly strong tendency to suicide.

The new edifice has been designed with a view to meet this difficulty ; but, unhappily, the structural arrangements adopted are calculated to intensify the depression of patients without affording the desired increased security ; the galleries, though spacious, are insufficiently lighted, utterly devoid of pictures or any pleasing object to delight the eye ; the windows are placed at six or seven feet from the ground, each frame being sufficiently large to admit the passage of a man's body. This arrangement imparts to the galleries an aspect of intense gloom ; and experience has proved it to be quite inadequate to effect the object it was designed to accomplish. Melancholiacs, of all patients, require an abundance of light, and the opportunity to witness cheerful and busy scenes, without being observed. Were the windows in these galleries on a lower level, and the panes of glass smaller, the wards would be lighter and more cheerful, and the attention of their inmates would

be frequently diverted by views of the surrounding beautiful scenery, and by witnessing the labours of their less afflicted companions in the grounds, increased security being at the same time afforded.

It is gratifying to know that Dr. Steenberg, the medical superintendent, whose labours on behalf of the insane have gained for him a high reputation in Denmark, recognises the defects in the building, and that the municipal authorities of Copenhagen are engaged, at his instance, in remedying some of them.

Among other improvements, pictorial scraps taken from the illustrated newspapers, and surrounded by a paper frame, are to be affixed on the walls of the galleries, as is done with such good effect in many public asylums in England. Mild mechanical restraint is occasionally resorted to during the day in particularly destructive cases, but Dr. Steenberg contemplates abolishing it entirely, substituting for it the use of clothes made of particularly strong textures, the English locked button, special supervision, and the other measures well known in Great Britain.

The sea-weed, which in our asylums is found so suitable as a stuffing for beds intended for inveterately suicidal cases, for whom other reasons render it necessary single-bedded sleeping apartments should be provided, is not used in Denmark, though it abounds on the Scandinavian coasts.

The main building does not contain more than half of the entire number of patients, the remainder being located in the adjoining castle (P), and in some lone huts surrounding a square yard. The ancient castle is not ill adapted for its present purpose, though the sheds would but make indifferent stables, and are so full of patients that the beds are but a few inches apart.

Amusements are not carried out in this asylum with the regularity and vigour their influence as therapeutic agents, and the singular preponderance of cases of melancholia, would lead the visitor to expect. Labour, however, being more in harmony with the national habits, is resorted to to an extent exceeding what is customary in nearly all asylums in England and elsewhere, the celebrated institution of Clifton, near York, excepted.

When the Copenhagen municipality have carried out some of the enlightened views of Dr. Steenberg, their asylum will bear a favorable comparison with the most reputed in Europe.

At present the traveller is spared the hideous scenes of mechanical restraint so frequently witnessed in the asylums of France and some parts of Germany; and plainly perceives that the defects of the building, which, by the way, was designed by a non-medical person, are sought to be counterbalanced by every device which the professional ingenuity and the keen Christian sympathy of the resident physicians can supply.

Our *confrères* in the northern countries of Europe are for the most part highly accomplished, and, enjoying a happy immunity from prejudice, are nearly always ready to adopt a good idea, from whatever source it may come.

Through the medium of special associations, they are kept *au courant* of the psychological literature of the day.

Recently an attempt was made to organize a psychological congress for the Scandinavian kingdoms, which, unfortunately, failed. A general wish, however, prevails among the medical superintendents that the forthcoming exhibition in Paris may afford the occasion for realising the object on a larger scale and in a more complete manner.

As at the present juncture so many countries are either re-organizing old or erecting new asylums, a congress could not fail to effect good.

The movement on the continent in reference to the treatment of the insane is in great measure due to the reputation of the public asylums in Great Britain.

The key of the English system is "non-restraint;" it is the cause of its success, and the secret of its difficulty and expense. The principle that mechanical restraint should be completely discarded in the treatment of lunacy is based on several most important grounds; among others, that the restless, violent, or boisterous conduct observed in many cases, acts as a safety-valve to the disordered system, and tends to restore the disturbed nervous equilibrium; that when patients, in consequence of mechanical restraint, are unable "to have their fling out," the duration of the nervous excitement is greatly prolonged, and its effects on the structure of the brain are of an injurious and more or less permanent character.

Bodily restraint discourages the restoration of the power of self-control, debases patients in their own estimation, develops the worst vices of attendants, has an unlimited power of growth, and in practice is found almost insusceptible of being restricted within moderate bounds. In Russia, where the most earnest desire exists to introduce our method, the severity of the climate offers increased difficulties. There can be little doubt, however, that the vigour and determination of the Imperial Government will overcome all obstacles, natural and artificial, and that throughout the vast empire institutions for the treatment of the insane will in a few years exist, which, for perfection in arrangement and the skill and humanity of its managing physicians, will be worthy of the new social career on which she is entering, and becoming her position among the nations of the earth.

*A Visit to Gheel. A Letter to the Editors of the Journal of Mental Science.* By Dr. EDMUND NEUSCHLER; translated with remarks by JOHN SIBBALD, M.D. Edin., Medical Superintendent of the Argyll District Asylum.

SINCE public attention was directed to the mode of treating the insane practised at Gheel, much controversy has taken place both in this country and on the continent as to the value to be attached to the system. Alienists from all parts of the civilised world have visited the locality, and have recorded their opinions of its merits. These opinions have been almost as various as their authors are numerous, and have contained the most enthusiastic praise and the most emphatic condemnation. But the discussion seems now to have reached a point at which a reliable estimate of the chief peculiarities of the system, such as will be concurred in by the majority of those who have studied the subject, may be formed. A letter conveying a very favorable impression of the colony has been addressed to the editors of this Journal by Dr. Edmund Neuschler, of the Royal Lunatic Asylum at Zwiefalten in Wurtemberg, of which I present the following translation. I shall afterwards endeavour to indicate what appears to me to be the true view of the question.

18th October, 1866.

GENTLEMEN,—I do not without hesitation comply with your request that I should communicate to your readers the observations which I made during my residence of nine days at Gheel, as Dr. Webster, who some time ago gave to your countrymen a report of Gheel as copious as it was true,\* has lately published the conclusions arrived at from his second visit,† to which in all their essential points I am delighted to give my assent in this communication. Allow me then to touch on some of the facts more lightly than I would otherwise have done, and to give expression to my opinion on the much-contested question, how far Gheel may serve as an example to other places in the treatment of the insane.

The period of my stay in the principal place in Kempenland extended from the 11th to the 19th September, 1866, so that I should have been there during part of the festival of St. Dymphna, had not the celebration this year been much circumscribed owing to the prevalence of cholera in Belgium. But I had the pleasure on the very evening of my arrival of being present at a musical entertain-

\* 'Journal of Psychological Medicine,' 1857.

† 'Journal of Mental Science,' October, 1866.

ment that took place in a public garden, and which many of the inhabitants of Gheel attended. Many of the higher class patients were also present, but it would have been difficult for a person not informed of the fact to believe that such an element was among the company. Their conduct throughout exhibited nothing peculiar; they were pleased with the music, and took part in the conversation; and in this I had an opportunity of observing the great tact with which the inhabitants of Gheel are able to treat these unfortunates.

The next day I commenced my walks through Gheel. I went sometimes alone and sometimes in company with Dr. Bulkens, the medical superintendent of Gheel, who is unwearied in his attention to the wants of those placed under his charge, and sometimes along with Dr. Griesinger of Berlin, to whom our science is so much indebted. It so happened during one of our first walks that amongst those we met Dr. Bulkens pointed out a ragged-looking man as an insane person. I was astonished at his appearance, and learned that he and many others belong to a class of patients with whom the superintending authorities appointed by government have nothing to do. There are some special communes as well as several private persons who send their insane to Gheel, without placing them under the charge of the authorities as regards the choice of *nourriciers*, or the superintendence of these or of the patients, or in regard to the dress of the latter or any of their other wants. These not very numerous cases (*pensionnaires libres*) are not included in the statistics of Gheel, and the authorities are of course not responsible for their unsatisfactory condition. Their existence has, however, given rise to many mistakes in the accounts furnished by those observers who were not aware of their condition. It may also be well to mention here that these authorities have little or no connection with the religious exercises, which are held once a year in the building adjoining the church of St. Dymphna for the benefit of many of the insane, and which are now falling into disuse. The few patients who still take part in them are almost confined to those who visit Gheel for a short time, and then leave directly.

The number of the insane under legal supervision amounted at the time of my visit to between 1000 and 1100. As fully nine tenths are of the poorer classes, and are supported at the expense of their respective communes, you will approve of my having paid particular attention to their condition; and my remarks as to the care and treatment of the insane as to the remuneration which the *nourriciers* receive, and the guarantee which they give against bad treatment will all have special reference to these. The insane are boarded in the houses of the inhabitants. The impression which visitors receive is somewhat peculiar, when they find that immediately on entering one of the houses they are, as is generally the case, in the principal room, which serves as an abode for all the

inmates during the day. It is a commodious apartment. On one side is usually the fire, and over it in most cases hangs the pot which is used for preparing the food of the inmates or of the domestic animals. On the walls are hung the different household utensils, among which the brightly rubbed plates and dishes of the mistress of the house meet the eye. At the fire are seated the old men and female members of the household, with the children and such of the insane as are unfit for field labour. The rest of the male inmates are only rarely met with at a season when, as was the case during my visit, they are still busy in the fields. I saw very few of the insane sitting quite idle, and few who were uninterested in my visit or who took no notice of it. The majority were everywhere busy, and many were very anxious to draw the attention of the visitor to themselves and to show him what they were doing. Scarcely one was shy or confused. They rather seemed to be delighted with any friendly word that fell to their share, and with the interest which I took in their welfare. Many hastened without being asked to conduct me to their bedroom, which they have particular delight in regarding as their own. Each patient has a chamber entirely for himself, except in special cases, where supervision is necessary, when it is shared by a member of the family. Some of the rooms were decorated, showing the value that is attached to this independence. These bedrooms are not large, which may also be said of those of the other inmates of the houses; and they were formerly even smaller than at present. But Dr. Bulkens has for some time carried on an arrangement according to which a certain measurement is required as a minimum for the floor space and height of the rooms, and for the size of the windows. Only a few exceptions to the rule remain, and these will shortly disappear. Still the required height and floor space are only sufficient to give room for a bed, trunk, table, and chair. The window is generally single, and is guarded by two iron stanchions, and though these are here intended to prevent the escape of the patients, they are often to be found on other windows for safety at night. If, however, as is not the case at present, the patients should ever complain of them, it would be better that they should be done away with, as other opportunities of escape are abundant. Dr. Bulkens has seldom reason to explain of a want of cleanliness in these rooms; the beds were in good condition and neatly arranged, the floor clean, and the whole apartment gave the impression of cleanliness and order, which had already been produced by the day-room. The dress of the patients was also in good condition. This is due in a great extent to the arrangement that all patients supported at the public expense have thirty francs deducted from the yearly pay of the *nourricier* to be applied to his clothing. I often found on my unexpected visits the whole household engaged at a general meal. This consists of the produce of the country, and is suitable to the people, generally

simple, coarse, but clean and nourishing food. Pork, potatoes and other vegetables form the most frequent constituents of the principal meal; while for the others coffee, butter and bread, sometimes made of wheat, but usually of rye, complete the dietary. Every *nourricier* has at least one pig, which is killed at the beginning of winter, and furnishes a supply of fresh meat and bacon for the house; many have more, but none are allowed to be without one; so that this domestic animal is the second legally appointed *nourricier* of the insane. It is to be understood that the board of the artisans, shopkeepers, and the richer class who receive opulent boarders, is better and offers a wider choice to the patients; and the houses and the furniture of the rooms are quite suitable to the requirements of city residents. In conformity with my purpose, however, I confine myself specially to the consideration of the poor, and I can assure you that during my visits, which extended to many houses even in the most remote hamlets of the commune of Gheel—particularly that of Winkelomsheide, I found the above-mentioned fundamental conditions of comfort for the insane always fulfilled in the manner which has been described.

As by the hearth and at table, so also in the stable, and the field, and at the most various occupations, the working patient is the companion of his *nourricier*. At the time of my visit attention was universally directed to the potato harvest; and I saw the liveliest activity out of doors both among sane and insane. This constant companionship permits the most natural and unconstrained supervision of the patient. It does not annoy him, and it is hardly to be observed, as the *nourricier* does not stand over him like an idle spectator or a keeper, but is apparently engrossed in his own work. Often, indeed, if the patient is trustworthy, he goes alone to the field, or is accompanied only by a child; and it has never happened that the latter has been injured by his companion. Each feels himself called upon to watch over his comrade and see that no injury befalls him. I have often met such patients in the streets and neighbourhood of Gheel going to work or returning home, or perhaps only taking a walk for the sake of exercise, though I should have recognised few of them to be insane without a hint from my conductor. But this amount of freedom indeed is not constantly accorded to all the insane at Gheel. Amongst more than 1000 patients twenty were found in restraint, consisting sometimes of a light anklet, and sometimes, though more rarely, of a strait-jacket. Both these kinds of restraint, as well as many others now quite exploded, were constantly in use before the establishment of the medical superintendence of Gheel. Latterly it has gradually become milder, and Dr. Bulkens before long hopes to get rid of it altogether.

In order to avoid the repetition of what is already known, I forbear to enter further into the details of the life of the insane at Gheel,



especially as men whose disinterested and unwearied sympathy with this mode of treating the insane have given descriptions whose liveliness is unattainable by my pen. But I am desirous of correcting one error from which I fear harm has arisen. It has been stated by too zealous enthusiasts that the inhabitants of Gheel, and especially the *nourriciers*, are distinguished by such generosity of feeling and remarkable habits of self-sacrifice, that this renders them peculiarly adapted for the care of the insane. I believe it would be little to the advantage of Gheel to make a pretence which to the sober observer must show itself to be a mere pretence. That hearty desire lasting for years to render service to strangers out of pure love, and with a renunciation of the full remuneration usual among other people is so rare that it adorns but few men, and these in exceptional circumstances, and can never be the distinguishing characteristic of a whole community. It is thus in Gheel. I have often observed truly moving tokens of unselfish sympathy with the patients. I have in some little cottages found examples of a manner of acting towards the insane which could only proceed from a noble and kindly heart ; and I give the greatest credit for all the kindness which the inhabitants of Gheel daily show to their 1000 patients. But I do not believe that this is so rarely to be met with in other places ; and I have seen no reason for the belief that in Gheel or elsewhere any other motive but that of material gain will induce a whole population to devote their entire attention to the care of the insane as a calling. Certainly here, as elsewhere, the rule holds that people will only apply themselves persistently to what is useful when they receive an adequate reward ; and the insane at Gheel would certainly not be well treated if the *vocation* of *nourricier* did not produce actual gain. It is not my intention in any way to call in question the peculiar qualifications of the inhabitants of Gheel for this vocation. It may be easily conceived how their continued intercourse for centuries with patients requiring their care, and the influence of the visits of the patients' relatives, have improved their manners and raised them above the generality of country people. These circumstances must also have helped to elevate their minds, strengthening and developing those faculties which are peculiarly necessary for the care of the insane. But on the other hand the tempting stimulus of profit easily acquired must have contributed to produce along with *nourriciers* faithful to their trust, others who neglect their duty. I need hardly refer to the abuses which reigned in Gheel before the establishment of the government superintendence, and which continued to exist up to a very recent time, until they were checked by its interference. If I thus hesitate to acknowledge in the population of Gheel, as a whole, any extraordinary qualities of the heart, I am so much the more inclined to give them credit for their unquestionably peculiar capacity on the score of intelligence and experience. A long line of

generations having had their attention directed, both for their own profit and for the preservation of household tranquillity and order, to the rendering the maniacal outbreaks and troublesome habits of the insane innocuous by averting or mitigating them by means of gentle and intelligent treatment, must have attained to a proficiency which has been transmitted as a valuable inheritance to the present generation. Indeed, the first astonishing impression which awaits the stranger at Gheel is caused by observing that all the same inhabitants, young and old, and even the least educated, almost without exception, treat the insane with the most delicate intelligence, and never give occasion to unpleasant feelings. One might fancy, indeed, that instead of the tacit understanding which actually exists, there were some particular instructions being carried out as to the avoidance of everything that could remind the insane of the difference between their condition and that of the sane. But it is also to be remembered that modern times and examples of excellent management, such as we have given, must have had this effect, and that the abuses which formerly existed were due not merely to selfishness and carelessness, but also to want of intelligence. The best feelings of the *nourriciers* will require to be continually encouraged if these abuses are to be permanently removed.

But do these good feelings ordinarily exist? Is that first condition a sufficient reward—actually given in Gheel? I can answer both questions in the affirmative. It is true that the board paid for the poor is only from 65 to 85 centimes daily, from which, besides the expense of clothing, 12 francs are annually deducted for medical attendance. What remains to the *nourricier* seems little when compared with the price of food in Gheel.\* But as the *nourricier* generally produces more of these articles than he uses, he does not buy at these prices, but sells. Still he would be badly paid if the labour of the patient, which on the average is valuable, were not taken into consideration. Not a few of the insane are as fit for labour as the sane, and perform it willingly, as they are well treated and not restrained without cause; others perform an amount whose value is merely nominal when compared with what would be done by the healthy, and only a few remain whose labour is not to be taken into consideration; for these, and for those who, on account of dirty habits and such like, are peculiarly burdensome, the higher board of 85 centimes is allowed. It is evident, therefore, that by a proper distribution of the insane the medical inspector may so arrange the results of the different degrees of fitness for labour, that they will be as much as possible equalised for the *nourriciers*. Thus it is that there is always a sufficient number of those who are ready to receive

\* At the time of my visit half a kilogramme of wheaten bread cost 10 centimes, the same quantity of butcher meat on the average 85 centimes, and of butter 1 franc 30 centimes.

patients, and this is the surest evidence that the *nourriciers* are adequately remunerated for what the patients require. They value this income also for a special reason. As they are paid by the superintending authorities only at considerable intervals, it not only constitutes a certain income, but the wages of their labour accumulate as in a savings bank, and form an amount which they would otherwise have difficulty in gathering together. At the purchase of house and field it is found very useful.

Experience has shown clearly enough that good payment alone is not always accompanied by proportionally good treatment of the insane. There must also be continual supervision and direction, as carried on by Dr. Bulkens. With the able assistance of four divisional medical officers, always fighting perseveringly with what is bad, and at the same time preserving with discrimination what is good, a number of useful reforms have for years been carried on. Foremost among the improvements is the disregard of every consideration but the good of the patient when selecting the *nourriciers*, as other influences had previously been allowed to interfere. The patient has now his *nourricier* chosen for him with a view to his age, manners, language, and calling, and the particular kind of supervision which is desirable, and, according as the *nourricier* is in himself, his family and household arrangements the most suitable. Of the advantages thus obtained, I will only mention one which is a distinguishing feature of Gheel, namely, the formation of a special quarter for the Walloon insane, whose French language is not understood by the lower orders of Flemish speaking inhabitants of Gheel. By the increased intercourse between the Walloon patients who are thus concentrated and the inhabitants of this quarter which will take place, these inhabitants, and particularly the children, will learn French more easily ; and Dr. Bulkens expects that French will soon become one of the subjects of instruction at school. In addition to this, the Walloon patients meet easily with one another. As fellow-countrymen they associate much together, and every Sunday after Divine service their rendezvous is in the choir of St. Amaud's Church, where they converse, and afterwards strengthen their friendships, while they partake of refreshment in some place of public entertainment. Dr. Bulkens is endeavouring to associate the idiots in another part of Gheel, and he hopes to be able to establish special instruction for them. I might mention many other symptoms of progressive improvement at Gheel which reflect honour on the zeal of the medical co-operators.

In spite of the great number of the insane, not only is every divisional doctor acquainted with all under his own charge, but Dr. Bulkens is also individually acquainted with the whole. The past and present state of each patient, his habits and requirements, his dwelling and occupation, are all known to the medical inspectors, as

well in the remote parts of the commune as in the centre. He can, at any hour, enter any house in which a patient is lodged, and even the richer inhabitants who receive patients submit to this rule without opposition. The doctor, when he visits the patients in their dwellings and examines their condition, their treatment and their work, takes occasion by suitable counsel, praise or blame to exercise a favorable influence on the *nourricier*. He examines the application of restraint in the few cases in which it has been applied by his direction. He cheers the indolent patients, and rewards the industrious with little presents. He speaks to each patient alone, and they have easy access to him and to the divisional medical officer. He sees them in the fields and at their household work, and determines its amount. Still, the danger of overworking the insane on the part of the *nourriciers* hardly requires to be considered, as excessive work is generally disliked by country people of all nations.

The medical inspector has extensive powers of reward and punishment—the most powerful lever of all authority. The diplomas which from time to time are distributed with great ceremony to certain *nourriciers* depend upon his decision. They constitute an honorable object of ambition, and are placed in a prominent position in the house. Another kind of reward which is important is, that those *nourriciers* who display peculiar intelligence and consideration in the treatment of the patients receive more remunerative patients, and those who have shown themselves remarkably careful of the old and infirm have others who are more robust given to them, who make up by their activity for the deficiencies of their predecessors. If a *nourricier*, in spite of warning, neglects the cleanliness of his own dwelling or that of the patient, or the diet, the occupation, the superintendence, or any other part of the treatment, the inspector can transfer the patient to another house, or even strike the *nourricier* altogether off the roll. This punishment is so effectual that it only rarely requires to be carried into effect, and, indeed, the fear of it lends great weight to a simple reprimand. For every punishment not only weakens the credit of the delinquent, whose income it diminishes, but it permanently injures the man's position, especially if he is punished for improper treatment of a patient. It is evident from this, and from many other regulations, how intimately the prosperity or adversity of the inhabitants of Gheel is bound up with the residence of the insane amongst them. Of every three houses there is, on the average, one in which a patient is lodged. If two persons get married and wish to take up house, their first care is generally to have their names put on the list of *nourriciers*. If they obtain this token of confidence and this prospect of a regular income, they are at once in possession of good credit, and if they have a little means of their own they can easily obtain the loan of what is

necessary to buy at a cheap rate a portion of ground in the outlying districts ; and with industry they can get on in the world. At first the house is built of slight materials, but gradually these are replaced by brick walls, and outhouses are added, and the area of house, garden, and field increases step by step, so that soon the sterile parts of Gheel will exist only in the memory. The whole of the very evident prosperity of Gheel and its continual increase depends on its provision for the insane. With this there is connected here, as elsewhere, the increase of education among the people, the cultivation of their manners, and the decrease of superstition and prejudice ; and this is the surest guarantee that the efforts to improve the treatment of the insane will be fruitful in results. The considerable increase in the number of patients who have been sent to Gheel during the last ten years is an unmistakable effect of increasing public confidence.

As an indicative sign of the privileges which Gheel has obtained by the intervention of the government, we observe the infirmary in the vicinity of the village. I do not intend to describe it particularly, as it does not present many peculiarities. It is in all essential points built from the plans of Guislain, whose arrangements Dr. Bulkens could modify only very slightly. On the whole, it is very suitably arranged, though presenting imperfections which I have also observed in other asylums built under Guislain's directions. Of these, I consider that the most important are the second corridors, or corridors of observation, which he liked to place at the window side of the single rooms. I hope that the repetition of this feature will be given up in Belgium, as it tends more than anything else to give an extraordinary appearance to the single rooms, besides having other disadvantages which I will not dwell upon. It may also be mentioned that the windows in the day-rooms are all placed at such a height that those sitting in the rooms cannot obtain a view of what is outside. This is an irritating restriction upon the inmates, and gives an unpleasant aspect to the rooms. I have spoken of the absence of peculiarities in the infirmary, for you would look in vain for many arrangements which we meet with in modern asylums, particularly such as are intended for the entertainment or occupation of the inmates. Extensive gardens for walks and games, billiard rooms, a large hall for evening entertainments, workshops, stables and farm buildings,—all these are wanting. Those only who have overlooked these remarkable features could ever come to regard it as belonging to the class of closed asylums ; certainly a great mistake. The infirmary has been erected only in pursuance of the idea which Gheel has sought for a century to carry out : to undertake the treatment of diseases of the mind in a manner exactly similar to that of diseases of the body. As it is considered that in a town where five medical men are employed, the medical service can be

satisfactorily performed only when an hospital is provided for the reception of such patients as require, either for their own good or that of their neighbours, that they should be kept separate. For the same reason an hospital for the insane has been established in Gheel. It is not on account of their disease in itself, but on account of certain concomitant phenomena that the insane are brought there. For besides the course of observation in the infirmary of the newly arrived patients, which generally lasts only a few weeks until the patient is either placed in a private house or is sent away from Gheel as unsuitable, the principal object of the institution is to receive from the houses of the *nourriciers* such patients as are unusually burdensome or dangerous by reason of severe or infectious illness, or from long-continued or violent mania, or from their refusing to take food. The infirmary does not, however, contain any permanent insane population. There are, therefore, no arrangements for entertainments or for work which indeed are required almost solely for those whose condition admits of no further important change. With the exception of a few patients who, at their own request, are retained in the house to assist the staff of attendants as kitchen-maid, porter, gardener, or other such offices, on account of their peculiar fitness for domestic service, no patients are received into the infirmary except temporarily; and the house of the *nourricier* continues to be the home of every one in Gheel. It only differs from an ordinary hospital very well arranged, and abundantly provided with baths and similar appliances, only by having seven single rooms for each sex; five of which are called observation rooms, and two are actual cells, one of which was being fitted up as a padded room. The whole house is capable of accommodating sixty patients; its changing population amounted at the time of my visit to only fifteen out of more than a thousand insane in Gheel. How, then, can Gheel be considered as transformed into a closed asylum? There is still another purpose which the building serves. It contains the residence of the medical inspector and of the manager, and the offices of the whole superintending authorities of Gheel, as well as the store for the clothing of the insane poor. The baths also are for the use, not only of the patients in the infirmary, but also to maintain cleanliness among those who are boarded with *nourriciers*, and who come to the house on certain days for this purpose.

The infirmary being thus made use of is certainly the most important improvement that has been effected since the introduction of medical superintendence into Gheel. But it would be erroneous to overlook the fact that, in spite of this, the fullest activity of the medical service is to be found in the houses of the *nourriciers*. It is there, particularly, that the divisional medical officers at their regular visits observe every important change in the condition of the patients, and adopt such treatment as is practicable in the

private houses ; or if they consider it necessary, order their removal to the infirmary. Monthly meetings of the five medical officers are held for the interchange of their experiences, while the four divisional officers have frequent interviews with the inspector. Post-mortem examinations have not yet been introduced in the cases of patients dying at the houses of *nourriciers*. This, for the benefit of science, would be a very desirable innovation. It would seem that, on account of the detached positions of the houses, the average number of 250 patients would be too much for each divisional officer, especially as they have also general medical practice ; for their salaries alone would be insufficient for them. But this other occupation has just the effect of sending the doctors among the *nourriciers*. And besides, the great majority of the 250 cases are chronic, who, when not suffering from bodily disease, give little opportunity for medical treatment. In addition to this, in the supervision of patients and *nourriciers*, the divisional officer is efficiently assisted by his appointed *garde de section*. This applies especially to the superintendence of the use of restraint, which never can take place without being immediately reported to the medical officer of the division. This is not the place to discuss the propriety of the absolute disuse of restraint, though I believe that in a small number of cases the application of mechanical restraint is no greater evil than the means which are used in its stead ; and that the choice between the two modes of treatment depend essentially on whether complete confidence can be placed in those who carry it out, and whether it will be sufficiently superintended ; and as I have observed, besides, that the use of mechanical restraint as well as of seclusion is much circumscribed at Gheel, I cannot agree with those who from this restraint deduce objections to Gheel.

There exists from the consideration of this use of the infirmary, which has, indeed, removed many disadvantages, a great difference of opinion as to what kind of patients are suitable for Gheel. Some would admit scarcely any except the quiet and industrious. But the extensive choice of *nourriciers*, who are of very various characters, the often surprising skill which they display in the treatment of the insane, the detached buildings in the commune facilitating the supervision of particular patients, will justify the exclusion of very few classes. The *réglément* for Gheel of 1851 alludes to this subject in section 27,\* but this direction is so expressed that if it were strictly carried out, a great number of the patients at present in Gheel would be excluded. And yet we find, instead of murder,

\* " Les aliénés à l'égard desquels il faut employer avec continuité les moyens de contrainte et de coercition, les aliénés suicides, homicides et incendiaires, ceux dont les évasions auraient été fréquentes ou dont les affections seraient de nature à troubler la tranquillité ou à blesser la décence publique, ne peuvent être reçus dans la colonie."

suicide and arson, the greatest tranquillity in the streets, nowhere any disturbance of public order—nowhere are the people afraid of intercourse with the insane, and the number of escapes is remarkably small considering the great amount of liberty allowed. Therefore, I believe that those only should be excluded who are unfitted for this kind of treatment by their peculiarly helpless condition, or on account of something which they have done and may do again; but not on account of something which it is possible they may do. Among the unsuitable I would regard the infirm and paralytic, for, being at the board allowed for the poor, unfit for a family, they would be confined for years in the infirmary; and also those who have made a recent serious attempt on the life of another; and all those patients whose deeply depraved moral condition renders them more unfit for society when insane than they had previously been. Dr. Bulkens would prefer that the epileptics and idiots also should all be removed; and if the latter are to remain, care must at least be taken to provide in a suitable manner for the cultivation of their bodily and mental capabilities.

Allow me now to add a few recommendations regarding Gheel. Above all, an individual directorate of the whole management should be established and entrusted to the medical inspector. Many arrangements still extant fetter his free action in an unsatisfactory manner. The very underlings of the infirmary have to obey two masters. But, particularly, the selection of the *nourricier* for each patient is not yet, as it ought to be, the unquestioned right of the medical inspector. Indeed, he has only succeeded by years of unceasing endeavour in his regular conferences at the meetings of the superintending committee to combat influences which are still actively opposed to him. An increase in the salaries of the five medical officers would also make them less dependent on their private practice, and be thus beneficial to the insane. In conclusion, it is in my opinion specially desirable that the number of insane at Gheel should not be increased. The more this is done the more will the supervision by one man become difficult; rules and forms will take the place of frequent personal influence; and the peculiar excellence of Gheel, free and independent movement, with diversity in its parts, will be diminished, and evils which have fortunately been removed may reappear.

You are aware of the different judgments which have been passed on Gheel. Between the enthusiastic admirers of the system and those who desire to see it entirely abolished is a long list composed not least of those whose faint praise scarcely conceals their deep dislike. It cannot be often enough repeated that those who give an unfavorable opinion of Gheel do not rely on their own personal observation, though that might have been expected in the case of so peculiar a phenomenon. Of the many doubts which have



been expressed regarding Gheel by those who have never been there, and concerning which such tediously long dissertations have been written, the greater part are disregarded by those who have investigated the matter with their own eyes. Gheel has been compared with the modern closed asylums, especially with those which are distinguished for extensive agriculture and the greatest possible freedom of movement to the patients. After having, during a term of five months' duration, visited a great proportion of the public asylums of Germany, Holland, Belgium, and England, which are principally intended for the poor, and having found many excellent ones among them, I still believe that Gheel and its system have nothing to fear from the comparison. Let us not lose sight of the fact that Gheel differs merely in degree from other asylums by the great freedom which its patients enjoy, but that in the family life there is a difference in kind, and also that it is this family treatment the great peculiarity of Gheel which strikes every visitor afresh. I am far from denying that the majority of closed asylums boast with justice of certain advantages over Gheel. In most, if not all of them, the inmates are provided with brighter, higher, pleasanter, and more convenient dayrooms, larger and more easily warmed bedrooms. In many asylums, and especially in England, there is a better, lighter, and more varied diet than is supplied to the insane poor in Gheel ; and the *nourriciers* at Gheel can never be so continually attentive to the patients as the attendants in a closed asylum have at least the chance of being. But yet, although Gheel does not possess handsome buildings, a beautiful view, broad parks, convenient arrangements, nor various games and amusements for the patients, I have seen more happiness and contentment in its cottages, more strength and self-possession among the insane, than in the palaces. And is it to be wondered at ? Who among us that has lived for years in a public asylum has not often been filled with sympathy for the sad condition of its inmates, and for the many restrictions which they endure, not as the unavoidable consequence of their disease, but only as the result of the system of treatment to which they are subjected ? Who has not felt how much the proper self-reliance and the manly dignity of these insane is injured by the way in which we congregate them ? Does it not strike one as frivolous to compare with a family a gallery of from twenty to eighty persons, among whom besides there are to be found persons of very different degrees of cultivation and of mental capacity ? He who is accustomed to the manners of the city is annoyed by the boorish habits of his neighbour, and the tranquil patient by the restless to-and-fro movements of the excited. The still sensitive patient feels himself degraded by association with those sunk in profound idiocy. His free movements are cramped by one or another regulation which in the large population is indispensable for the

tranquillity and order of the house. The bell which regulates his daily life deprives him of any choice. The letters which he sends or receives are read by those with whom he is not in confidential relation. To the insane who feel these restrictions, and there are many such, the amusements with which we seek to compensate them are felt as a burden. The strict separation of the sexes which is necessary in large establishments deprives the intercourse and games of the patients of one of the greatest charms of society. If the patient is, like a child in leading-strings, taken for a walk along with a number of his fellow-sufferers, how can he enjoy himself; for as soon as he sees a sane person he is reminded of the unnatural restraints by which he is separated from him. The only sane person he sees regularly is his attendant, who is charged with the maintenance of every asylum restriction and regulation in regard to the patient. As he is in so many cases beneath the patient in culture and manners, these annoying regulations become more annoying on account of the person who carries them out. Besides, the attendants in almost all public asylums are badly paid, and are thus deprived of the most important condition disposing to the pleasant performance of their duties; and they are, at least, when unmarried, easily induced to relinquish them. Set against all these evils, we have the comfort of the arrangements which many are from their early habits unable to appreciate; certainly no compensation. In good asylums the patients are subjected to little or no mechanical restraint, but these moral evils are met with in all. A great proportion of the patients are everywhere indeed too deeply depraved to feel them acutely, but many others, especially the better educated, give themselves up silently to the inevitable; and their silence is almost more eloquent than the complaints of those who complain loudly, and frequently demand their freedom—their release from that confinement which we had believed was made so comfortable and pleasant. Every physician to a public, and especially to a large asylum, will agree that the above-mentioned disadvantages of the only kind of public care of the insane hitherto recognised cannot be got rid of, and the endeavours to mitigate them forms a great and most distressing part of his vocation.

How much could I add if I were to describe not what must always necessarily be, but the more marked features of what everywhere exists, if I were to speak of the general overcrowding of asylums, and its effects upon the happiness of the patients. And we daily practise with the greatest calmness all these serious encroachments on the rights and on the freedom of individuals; for however much we may pity them, we regard these social conditions as inevitably connected with the proper treatment of the insane. Yes, we scarcely reflect on the greatness of these encroachments, and we are, at all events, firmly convinced that our therapeutics

are sufficiently advanced to overcome by their aid the distressing effects which we produce upon the health of the insane. And although hundreds of patients live at Gheel under natural conditions, who, in any other country, would have been placed in a closed asylum, and are just so many proofs of the injustice which we practise towards that portion of the inhabitants of our asylums who are suitable to this free kind of life; with us they are shut out from intercourse with the sane, which is their only proper intercourse; there they live in active communication with them. All their actions are superintended in a manner that could scarcely be more perfect, as all the members of the family assist in this duty; they form a circle about the patient in which he finds what he has lost, or, perhaps, never possessed—friends and confidants. The soothing voice of woman, which often tranquillises the excited, is not wanting here, nor the merry laughter of the children, who try to entice him to join in their amusements. Whatever kind of capacity he still possesses is discovered, and he is encouraged to make it useful; for he can always find some employment among the various occupations of the house which will suit him; and I found one well educated patient when I visited Gheel who was busily occupied with the work of secretary to a committee that had been formed to enlist the interest of the inhabitants of Gheel in an agricultural exhibition in Turnhout. He fulfilled this duty, which required so much walking and talking, in the most satisfactory manner, and obtained thanks from all quarters. The insane are disposed to work for those who receive immediate profit from their labour, and who must therefore in justice feel obliged to them and value them. This kind of recompense, the indispensable stimulus to all voluntary labour, is unknown to the inmates of the public establishments, and those who are acquainted with them have therefore remarked how negligently the work there is generally performed. And when those in very low mental condition are to be employed, work must be resorted to which is not of the slightest use, and does not even present the appearance of fruitful labour.

I have contented myself with indicating a few of what, in my opinion, are the most important features in the life of those patients at Gheel who belong to the poorer class. A few remarks now in regard to the others. Gheel is a quiet and secluded place, whose means of intercourse leave much to be desired. It is deficient in the charm of a lovely view or interesting neighbourhood; it has neither a mild climate nor luxurious vegetation, and it has little to show in the way of beautiful gardens and shady promenades. Hence all those patients of the richer classes who have in the days of mental health been accustomed to every luxury, are unsuitable for being placed at Gheel. For such persons a pleasant, well-

situated, and well-conducted private asylum will always afford the greatest opportunities of enjoyment.

\* Allow me now, in conclusion, to describe to you the general impression produced upon me by my visit. I am convinced, by what I saw, that Gheel, in spite of many existing deficiencies, presents an example of very good, and, indeed, for many cases, the best kind of treatment for the insane; that the agricultural colonies, the blocks, and similar modifications of public asylums which have been recently introduced, will always be essentially different from the system of family treatment illustrated in Gheel; that this system is also suitable in most cases for the adoption of all modes of cure, and excels any other in its influence on the mind; that it also is more than any other compatible with the rights of the patients to freedom and enjoyment of life. For this reason the future is its own, and it will one day be the general mode of provision for the insane, which by weighty reasons must justify itself against every objection.

A verdict like this compels me to express my opinion as to the conditions for extending the family treatment of the insane. The possibility of this has been often denied even by the admirers of Gheel, and the attempts which have been made have not been hitherto very successful. And yet I recognise in the essence of what is practised in Gheel nothing that is peculiar to Gheel alone. The religious aspect may be thought inconsistent with this opinion. But those who have been at Gheel will coincide with me that, at the present day, the peculiar reverence for St. Dymphna is certainly no longer the motive principle of the treatment of the insane there. The inhabitants have, for the most part, been for a long time intelligent enough to perceive to what influences the cure, or at least the health of the insane, is due. It is no longer superstition, but that practical philanthropy which is the soul of all religion, that points out to them the true way to benefit the insane. Is it to be asserted, then, that these sentiments are a special characteristic of the inhabitants of Gheel? Can they not be similarly aroused in other places, and employed for the benefit of the insane? But, it will be answered, the origin at least of Gheel depends on the local basis of that religious service; it is on account of it that for more than a thousand years the inhabitants have been accustomed to daily intercourse with the insane, and have been freed from prejudices which still cling to society at large. Certainly: but may not the good which has been accomplished by superstition be elsewhere obtained by judicious instruction? Let a comprehensive and well considered experiment be made in the right place and with sufficient means, and let it be carried on perseveringly. Let a country neighbourhood, with a good climate and detached style of dwellings, be chosen, a neighbourhood which is little fit for manufacturing un-

dertakings, but which contains a considerable extent of cheap land not much built upon, a population not very opulent, but on the contrary, unsophisticated, and hitherto remote from commerce, so that they may be the more open to the influences that we wish to put in operation. Let the good education of the children be provided for, and let a clergyman be found who is peculiarly adapted to awaken intelligence and energy among those with whom he comes in contact, and determined to use this influence in the furtherance of our project; popularly written works might also be circulated as an additional means of instruction. In the same locality let the erection of an asylum be proceeded with, which at first would serve as a closed asylum in the received sense of the word, but which would afterwards be used for the same purpose as the infirmary at Gheel. The physician to the asylum would have the carrying out of this transformation. He would begin the transplanting of the insane among the general population by placing them with married attendants living in the vicinity of the asylum who might be ready and suitable to receive patients, and for whom he would purchase plots of ground, with the view of their settling there for a certain period. Care would be taken, however, that this last proceeding should be carried out as a permanent arrangement, as it would burden the promoters of the undertaking with the purchase and possession of extensive grounds, and the superintendence of their proper management. These first cases should only serve as an encouragement. But then there should be no interference with the unrestricted movement of the population, and the free play of the industry of any by a power which would be possessed of the ground which is the basis of labour. If a commencement is made in such a manner that quiet working patients should be placed with the attendants at a rate of remuneration exceeding the expense of their treatment, not only will the prejudices of the multitude soon be removed, but the hope of gain, which is the most powerful engine in all progress, will make many disposed to receive patients. The more the distribution increases, the less will it be necessary to continue the payment of premiums which stimulated the spirit of enterprise of the first applicants; and the system would recommend itself by its cheapness as well as by its other excellencies. Such an undertaking could only attain to any considerable magnitude in the course of a decade. But I hope that this prospect will not prevent a commencement from being made. On the other hand, it results from this that the existing closed asylums, even though they may be unsuitable for the transplanting of the insane among the neighbouring population, have still a long future. The continually increasing number of the insane requiring public provision will always present a surplus which will be unfit for family treatment; and the asylums furnish the only provision for the necessary clinical instruction in

mental diseases. But the position of the physicians to closed asylums will be rendered more satisfactory by an extension of the family system. We will be freed from what we are at present subject to, the consciousness that we are not only physicians in the service of the public good, but also as regards one portion of our patients, gaolers in the service of public prejudice.

Yours most obediently,

(Signed) EDMUND NEUSCHLER, M.D.

I believe that I only express the general feeling of the profession in this country, when I say that we are always pleased to become acquainted with the opinions of our learned brethren in Germany to whom we already owe so much; and we thank Dr. Neuschler for his interesting letter. It would, however, show little appreciation of the care which he has bestowed on the subject were we to receive his conclusions without remark; and I am sure that we shall best fulfil his wishes by discussing the subject in the freest possible manner.

A decision upon the whole question may be arrived at if we can answer the following questions satisfactorily: 1. Is the whole system as actually carried on at Gheel, one which it would be desirable that we should copy? And if this should be answered in the negative; 2. Are any of its peculiar features worthy of being adopted either in their entirety or with modifications?

The cases of patients belonging to the more opulent classes may at once be excluded from consideration, as I believe that most persons will agree with Dr. Neuschler, that the greatest possible advantages are secured for them by the system generally adopted. The question is thus narrowed to a consideration of how far Gheel presents a satisfactory mode of providing *public* accommodation for the insane. Those patients also, whose tendencies are markedly dangerous to themselves or others, or whose habits are of a destructive character, are generally regarded as unsuitable, and are professedly excluded from Gheel.

Let us then endeavour to reply to the first of the questions which I have proposed: Is the whole system as carried on at Gheel such as should be imitated? I fear that a very short examination will satisfy us that it is not. In spite of the condemnation which the large amount of restraint has received from most of those who have visited Gheel, it does not appear to be satisfactorily diminished. In 1856 the total number under any form of restraint was given as 69 among 774 patients. Dr. Snell,\* director of the asylum at Hildesheim, reports that at his visit in 1862, about 60 patients wore fetters on the ankles, and that the number of strait-jackets and

\* "Verhandlungen der psychiatrischen Section in der Naturforscher-Versammlung zu Giessen, September, 1864," 'Allgemeine Zeitschrift für Psychiatrie,' vol. xxi, Supplement.

restraint girdles was proportionately large. Dr Brosius,\* director of the private asylum at Bensdorf, near Coblenz, estimates the total number as probably reduced by a half since 1856. Dr. Webster, in 1866, "learned that the daily average of persons under even temporary restraint by manacles seldom, if ever, exceeded twenty examples; while those who had hobbles to prevent straying in fields adjacent, by records kept, rarely amounted to five instances." He "heard of none being confined by strait-waistcoats, or analogous appliances. Dr. Neuschler says that the use of mechanical restraint is much circumscribed. Dr. Webster seems to think that at the time of his last visit the only case of seclusion was one female patient whom he found in the infirmary; but Dr. Neuschler reports that its use is only much circumscribed; and in the preceding year Dr. Brosius seems to have found several in seclusion, and others wearing the strait-waistcoat. An indication of the feeling with which seclusion is regarded by the *nourriciers* is given by the last-named observer, who "asked a peasant woman why her patient was locked up." The reply was, "she is cross (*böse*) to-day." Dr. Snell says that "in the neighbourhood of Gheel patients are often seen shouting and reviling at the windows of the chamber in which they are shut up." It is to be feared that the authorities are not yet prepared to remove the iron stanchions, as Dr. Neuschler recommends. We need not raise the question here whether mechanical restraint is ever necessary, as the majority of our continental brethren hold very different views of the subject from those prevalent in this country. But whatever may be thought of its use in asylums, it ought surely to be banished from a place whose chief claim to admiration is the absence of asylum restrictions, and the preservation of the kindly associations of family life. In the account of a visit to Gheel† which I made in 1860, I expressed the opinion that cases requiring restraint should be excluded from Gheel. In 1862, when I again visited the colony, this opinion was impressed, if possible, more strongly on my mind. But hopes were entertained that the use of such appliances would soon be discontinued. As these hopes have hitherto been disappointed, it appears desirable that emphatic disapproval of their use should be recorded by the profession, so as to hasten the necessary reform, and I do not doubt that no one would rejoice more at their abolition than Dr. Bulkens himself.

Besides the incompatibility of the spectacle of manacled, and girdled, and hobbled patients, with the feeling of freedom and family life which it is the aim of Gheel to preserve, every alienist must recognise the necessity for such cases, of having a more

\* "Naturforscher-Versammlung zu Hannover, September, 1865," 'Allg. Zeit. f. Psych.,' vol. xxii.

† 'Journal of Mental Science,' April, 1861.

thorough supervision than can be carried out at Gheel. The long experience and ability of the *nourriciers*, which are so useful in many ways at Gheel, are not unmixed benefits when the treatment of refractory patients is concerned. It is well known that in the oldest asylums the greatest care is necessary on the part of the superintendents to check the employment of ingenious but improper proceedings which have, from time to time, been introduced by attendants for their own ease, though not for the patient's good. I am acquainted with one eminent medical superintendent who will not engage an attendant who has previously been on the staff of another asylum, on account of the danger of his importing some new mischievous device. In such a place as Gheel it must be almost impossible to prevent these objectionable proceedings so long as a class of patients supposed to require restraint is admitted. It must also be borne in mind that the tranquillity that characterises the town is accounted for by the practice which, according to Dr. Webster, is still followed, of placing "boisterous and agitated maniacs at remotely situated cottages or farm-houses located in open heaths, distant from the town, where, having few neighbours, they cannot disturb any insane patient, or cause much annoyance." This arrangement has evidently the effect of removing the class of patients chiefly requiring supervision, to a position where efficient supervision is impossible.

Another class of patients at Gheel who ought to be excluded is composed of those who desire to escape. The existence of this desire is sufficient proof that they are discontented with their condition; and as the *nourriciers* have to pay the expense of all escapes, such patients are either fettered, or watched with a jealousy more irksome than confinement in an ordinary asylum could be. "We met," says Dr. Brosius, "a German in Gheel, a patient from Cologne, who complained bitterly of the want of freedom, and was uncommonly glad when, with the permission of his host, we took him for a walk through "the town." He had once made his escape, and the expense having been defrayed by the *nourricier*, that otherwise humane host never afterwards permitted him to cross the border of the plot of ground attached to the house. Is that freedom?" According to the Gheel reports up to 1860, the average of escapes of whose after fate no information is given, was 3·4 per cent. on the admissions. In these cases either no necessity existed for their detention in Gheel or any asylum, in which case it was wrong to send them there, or if such necessity did exist, it was unfortunate that Gheel was selected. I think it is also obvious that all paralytic patients, and those suffering from severe bodily ailments, or having a tendency to dirty habits, would be much better provided for in an asylum under more complete supervision, and furnished with the usual hospital appliances.



Let us now consider the question from a purely medical point of view: Are patients more frequently cured in Gheel than in other asylums, or do they enjoy greater bodily health? A paper which deals with the subject in this manner was published by Dr. F. Wiedemeister,\* in which he forms a very low estimate of the medical value of Gheel; but it appears to me that he has left some important considerations out of view when forming his opinion. One great difficulty presents itself in the fact that Gheel receives so many incurable cases from other asylums; and I am not at present in possession of data to indicate exactly to what extent this occurs. If, in the cases admitted, we compare the duration of insanity previous to admission, with similar statistics in ordinary asylums, we find that Gheel contains a less curable population than they do. Out of 527 admitted to Gheel, 192, or only 36 per cent., were cases of less than ten months' previous duration, and probably about 40 per cent. would be under a year, so that there would be 60 per cent. of chronic cases among the 527 admissions. Let us compare this with what has been found in two asylums, one English and one American, the statistics of which, in regard to this point, are fully given in these reports; in Prestwich asylum from 1851 to 1865, and in Worcester (Massachusetts) Asylum from 1833 to 1864.

	Admissions.	Per-centage of recent cases.	Per-centage of chronic cases.
Gheel .....	527	40	60
Prestwich .....	3948	68	32
Worcester .....	7104	65	35

The proportion of recent cases admitted to the two asylums is about double the number of chronic cases; and to put Gheel on an equality with them on this point, two thirds of its admissions of chronic cases would require to be excluded, which would diminish the entire number by 40 per cent. By this means we arrive at the probability that 316 of the 527 were cases possessed of equal chances of recovery with those usually admitted to asylums.

If we now take the recoveries for the year, and compare their number with these 316, we find that 100 have been discharged recovered, or 32 per cent. of those admissions which afforded an average chance of cure. In the report of the Essex Asylum for 1865 a very interesting table is given by Dr. Campbell, in which are presented the statistics of recoveries and deaths in the county asylums of England for the previous five years. From his data it appears that the average proportion of annual recoveries to admissions was 36 per cent., two asylums having less than 22 per

\* "Ueber die Leistungen des Gheeler Systems. Auszug aus einem dem Ministerio des Innern unterbreiteten Reiseberichte," 'Allg. Zeit. f. Psych.,' vol. xxi.

cent., and one having the large proportion of 51·5 per cent. It thus appears that in curative efficacy Gheel must be regarded as below the average of ordinary asylums, and we must, perhaps, regard it as considerably below if we take into consideration that what are counted as recoveries there, include not only *guérisons*, but also *améliorations notables*.

The general health of the patients at Gheel can be estimated with less hesitation as the circumstances which disturb the last calculation will not materially affect the rate of mortality. During the five years ending 1865, during which there was an average of about 1000 patients resident, the deaths amounted to 409, or 12 per cent. per annum. The average mortality in the English asylums, as computed from Dr. Campbell's table, is 10 per cent., the highest being over 14 per cent., and the lowest under 6 per cent. Gheel may consequently be said to be nearly on an equality with ordinary asylums in this particular.

We must thus refuse to acknowledge in the family system as a curative agent that superiority over the ordinary asylums which Dr. Neuschler and some others would claim for it; and we now come to the question, Is there any part of the system which may be regarded as an improvement on ordinary asylum treatment? Almost all those who have visited Gheel report that a great many of the patients were happy and industrious, while there can be no doubt that the expense of their maintenance is considerably below what would defray the expense of asylum treatment. And there can be no doubt that the example of Gheel has done more than anything else to teach us how great a degree of liberty may be granted to a large portion of the insane, and has stimulated the construction of asylums divested of those special characteristics which were formerly regarded as necessary for the care of the insane. So far as the insane can be treated efficiently without the erection of asylums, so far is it for the advantage of themselves and of the public that they should be so treated. It would be desirable, then, that the experience of the authorities at Gheel should be of such a character as to teach us precisely the description of cases to which family treatment is suitable. But this is just the information that the attempts to admit patients so promiscuously prevent us from obtaining. What we want is that all the unsuitable cases should be eliminated, and that we should then be made aware of the nature of those cases which remain. Until this is done it cannot be regarded as a guide to asylum reformers; and we must advance slowly and by the aid of other experiments in the determination of the proportion of pauper insane who may be excluded from asylum treatment. An attempt is being made at present by the General Lunacy Board for Scotland to determine this point; but as yet there is no general agreement as to the number which may be provided for in private

houses, though all seem inclined to the opinion that more may be done in that way than was recently supposed. My own opinion is much the same as it was after my first visit to Gheel. There seem to be "two classes of cases which more than any other derive benefit from this system. One class comprises the milder forms of acute mania, many of which may be successfully treated, though at first sight it would appear that their excitement would require that they should be more closely confined as a protection to themselves and others. The other consists of partially demented cases who have either through old age or other causes fallen into a second childhood."\* If I would modify this opinion, it would be by speaking with less confidence of the propriety of placing with families patients labouring under even mild forms of acute mania ; and it is probable that a large number of the demented class who are suitable will be found among congenital cases. The labours of Dr. Mitchell and Dr. Paterson, in Scotland, give greater promise of affording useful information regarding these points than any indications which we have received from Gheel. Many difficulties will have to be overcome by these gentlemen, and that they are being satisfactorily grappled with appears from their published reports. In the report for 1865, Dr. Mitchell states† the principles on which the Scotch board are acting, and gives such an excellent *résumé* of the whole subject, that I take the liberty of transcribing it. I believe the view on the whole to be, as he states it, a correct one ; but I think I would have more fear of trusting the very idiotic or fatuous to the cottage treatment than his experience seems to lead him to.

In any scheme making provision for the insane poor, the erection of public asylums "constitutes a first feature—a *sine quâ non*. By this, however, it is never meant that they should be large enough to hold every person in the country who can be duly certified as insane, or even that all such persons would be the better of being placed there. What is meant is this, that public institutions, with every appliance which skill and humanity can suggest, should be created and kept ready for the reception of those lunatics in the treatment of whose disease those appliances are valuable and necessary, and also for the safe and comfortable keeping of those lunatics who, though not curable, are unfit to be at large, because they are dangerous to themselves and others, and in whose management *safety cannot easily be combined with comfort*, except in a home constructed and designed for that purpose.

"These two classes being thus provided for, there remains a third and very numerous class, consisting of insane persons quite beyond all reasonable hope of cure (many, indeed, being congenital idiots or

\* Loc. cit.

† 'Appendix to Seventh Report of the General Board of Commissioners in Lunacy for Scotland,' 1865.

imbeciles) who are easily managed, and inoffensive under kind and judicious treatment. These persons do not require the costly appliances of an asylum for their proper care, and to place them in asylums would not add to their happiness. Though of unsound mind, though unable for that cause to support themselves, though in constant need of guidance and help from others, they are, nevertheless, capable of enjoying an individuality in their existence; they appreciate the amenities of domestic life and the pleasure of freedom; and they are often affectionate, gentle, and biddable. This description rests on an acquaintance with this class of the insane which has become large in the discharge of my duties.

"If the costly appliances of an asylum are not necessary for the proper care of such lunatics, it is not necessary for the country to resort to them, especially since it appears that the doing so would not benefit or increase the happiness of the patients themselves. The consideration of cost is a proper one, and should not be overlooked. Lunacy is a great public burden, and every proper thing should be done to prevent an unnecessary increase. Unless some remedy be applied, we have already proof that we shall have that happening in Scotland which has happened in England, where, in the last fifteen years, pauper lunatics in asylums have risen from ten to twenty-two thousand, without exhibiting any diminution in the rate of increase, and where there is a constant demand for increased asylum accommodation.

"It is believed that, through the provisions of the Scotch Lunacy Act in reference to single patients, and patients in houses with special licenses, the remedy for at least a part of this evil is found, since through them a satisfactory, inexpensive, and natural way of disposing of a certain class of the insane is afforded—of that very class, it must be remembered, whose number shows the tendency to increase. Of the working of the provisions there has now been a sufficiently long experience to justify this opinion.

"Of cases of acute or active mental disease received into asylums for treatment, only a certain number are cured. Many of the rest pass into fatuity, or their disease becomes chronic, inactive and perfectly incurable. Not a few of these last belong to a class of the insane who may be provided for in the way just described. All asylum populations which have been gathered slowly consist, in a considerable proportion, of this class. It is their accumulation which fills the asylum; and it is their withdrawal and transference into private dwellings which ought to give relief and allow the asylum to fulfil its higher objects."

*Recent Contributions to the Pathology of Nervous Diseases.\**

WHEN we reflect that the sciences of astronomy, physics, and chemistry have only recently got rid of the metaphysical spirit, we cannot wonder much that physiology is not yet entirely emancipated from the pernicious thralldom. It was plainly impossible that physiology should be cultivated in the spirit of the positive method of investigation while the sciences upon the advance of which its advance is dependent were not sciences at all, but clouds of idle and shifting fancies. But there has been another and weighty reason why the science dealing with the structure and functions of the organism has remained so long in a metaphysical bondage: because psychology, the last stronghold and the forlorn hope of the metaphysical method, is an important branch of it. Metaphysicians have for at least two thousand years been supremely self-satisfied to evolve, from the unfathomable depths of the inner consciousness, ingenious mazes of vague and ill-defined words which they have dignified with the name of mental philosophy; and the consequence has been that the physiologist, when he came in the course of his inquiries to the brain, contented himself with the anatomical description of it, and never dreamed of studying its functions as the mental organ. By a prescriptive right, sanctioned by the authority of generations, mind belonged to the metaphysician; and it naturally seemed sacrilegious to venture a scientific step in such holy ground. Not only so, but the mischievous influence of the metaphysical spirit spread beyond the department of psychology, and infected more or less strongly all physiological inquiries. However, this state of things could not last in face of the active progress of positive science; the organs and functions of the body became objects of positive investigation, and even the brain no longer escaped scientific study. So it has come to pass that the germs of a mental science having a physiological basis have appeared, and now threaten to disturb the ancient ascendancy of metaphysical mental philosophy. The present position of matters is this: there are two systems of philosophy dealing with the same subject, but not having the slightest connection one with the other, and cultivated according to different methods by different men—metaphysical mental philosophy and positive mental science. A man might be deeply learned in all the wisdom of the former, and yet entirely ignorant of the very meaning of the simplest facts of the latter. It is hardly worth while considering seriously at

\* "Observations on the Pathology of Diseases of the Nervous System," by Samuel Wilks, M.D.; 'Guy's Hospital Reports,' 1866.

the present day which of these rival systems is likely to prevail over the other ; one of them is the latest issue of the advance of positive science, has its foundations deep rooted in the relations of natural laws, and exhibits a promising growth ; while the other has moved in an everlasting circle, has no better foundations than the clouds and conceits of men's thoughts, and exhibits symptoms of active decay. Now and then it is skilfully galvanized into a spasmodic semblance of life, but each artificially excited convulsion is plainly the fore-runner of an increase of the inevitable paralysis. Much remains to be done, however, before we can claim acceptance for a positive mental science. Not only is our knowledge of the structure and functions of the brain very defective, but there is nothing like exact information to be had regarding its pathology. It has been the fashion to give the name of some disease to a group of symptoms, without attempting to connect these with particular diseased states of the nervous centres. The pathology of all the diseases of the nervous system is, it must be confessed, in a most unsatisfactory condition.

What then, briefly summed up, have been the errors of times past, and what are the hopes of time to come ? The errors of the past have been these : first, that metaphysicians have usurped the whole domain of mental phenomena, and have reared therein an unreal system of philosophy such as they reared in every other department of nature until they were forcibly driven out of it ; secondly, that the physiologists, imposed upon by the pretensions of the metaphysicians and weighed down by the metaphysical conception of mind, have not dared to apply to mental function and to the brain as its organ the positive method of investigation which they applied with success to other organs and their functions ; and, thirdly, that pathologists, influenced by the superstitious feeling of mind as an incomprehensible mystery as well as by the vast difficulties in the way of the study of the pathology of nerve element, have made little or no use of the great quantity of instructive material lying ready to their hands. What are the hopes of the future ? They are these : first, that metaphysics, having played out its part, is now passing quickly off the stage ; secondly, that an inductive psychology, founded on the faithful observation of nervous and mental phenomena, is coming on the stage ; thirdly, that physiologists and physicists are now earnestly devoting themselves to a close study of the different parts of the nervous system with their different functions, and to the investigation even of the intimate conditions of activity of nerve element ; and, lastly, that pathologists are likewise zealously engaged in tracing the connection between particular diseases and morbid states of the nerve centres, and in researches into the nature of the morbid changes. Thus the labours of psycho-

logists, physiologists, and pathologists are converging to a focus, and bid fair to meet ere long in a fruitful harmony of action.

The contributions, by Dr. Wilks, to the pathology of nervous diseases in the last volume of the Guy's Hospital Reports are an important effort to place the classification of them on a scientific basis. They cannot fail, therefore, to be of great use indirectly to psychological and physiological progress, as well as directly to increase our pathological knowledge and to render it more available by a better method of classification. We propose, then, on the present occasion to give an abstract of the results of Dr. Wilks's studies of nervous diseases, interposing such commentaries as may suggest themselves.

*Disease of the central ganglia; hemiplegia.*—An alteration in structure leading to a loss of function of the corpus striatum and thalamus opticus—whether the alteration be due to softening, effusion of blood, or embolism of the middle cerebral artery—produces a hemiplegia of the opposite side of the body, but no disturbance of the intellectual faculties. Although the term hemiplegia denotes that one half the body is paralysed, it is not really so; the trunk is unaffected, owing to the centres of the pneumogastric and other respiratory nerves being in the medulla, and escaping injury. In like manner the mind remains unaffected, because the nerve centres of intelligence, consciousness and will—the cerebral hemispheres—are not implicated in the mischief. An interesting question here presents itself: can the will act directly upon the uninjured nerve centres of the non-paralysed parts, or can it act on them only indirectly through the large ganglia? In other words, is there a direct communication between the uninjured centres that lie below the damaged ganglia and the supreme hemispherical centres or not? Anatomists teach that there is such a direct communication by which an immediate influence may be exerted; but clinical observation has not yet given decisive information on the point. Dr. Wilks concludes, that if the will continues to influence the movements of the chest in a hemiplegic person (of which he cannot speak with certainty), “either there must be some connection between the seat of volitional power and the centres of the chest nerves, independent of the large ganglia, or else the regulating centres must be so associated that a stimulus to one side can affect both.”

The loss of speech which so often accompanies right hemiplegia is not easily explained. Dr. Wilks, however, thinks there is much truth in the ingenious theory propounded by Dr. Moxon: that it arises from the two halves of the body being unequally educated, or rather from one half being specially educated, as is notably the case in writing and in many movements of the limbs. When a person has hemiplegia of the right side he cannot write, the guiding power

which appears to exist only in the left corpus striatum being abolished by the disease. Were it possible to put the right corpus striatum in the place of the left, would he then be able to write? Probably not; and why? Because the right corpus striatum has not been educated for that purpose. In like manner it is supposed that one half the brain is specially educated for speech, which will accordingly be abolished by a certain amount of disease on the left side. To us this hypothesis, ingenious as it is, appears to be without real foundation; and if we were to make any comparison of the action of the two halves of the brain, it would rather be with the action of the two eyes. A person may see with the one eye, or with the other eye, or, as he usually does, with both eyes; and so we believe that a person may think with one half of his brain, or with the other half, or with both halves, and that speech, in its mental aspect as the expression of ideation, is coextensive with thought, and by no means confined to either side of the brain. Besides, if the hypothesis be true, what becomes of the statement systematically made, and not contradicted, that one hemisphere of the brain may be entirely destroyed without injury to the intellectual life; the only noticeable consequence being a greater irritability and an earlier exhaustion from exercise in some cases. Lastly, how is the hypothesis to be reconciled with the undoubted existence of loss of speech in some cases of left hemiplegia? Was the patient *right-speeched*, not otherwise than as a person is sometimes left-handed? Other objections might be made, some of which will be found in Dr. Alexander Robertson's thoughtful paper on "The Pathology of Aphasia" in the last number of this Journal; but the fundamental one is the absence of any real analogy between loss of the motor power of writing and loss of speech as a mental faculty. Dr. Robertson thinks it "inconsistent with the general plan of nature that a part should have been created simply to remain in an undeveloped condition," as Dr. Moxon's hypothesis assumes certain parts of the right side of the brain have been. We should not attach much importance to this argument, not being wise enough to know what is the general plan of nature, nor acute enough to see that it is inconsistent with nature's plan to do many things without any useful purpose. In fact, those who think of the mammary gland and the nipple in the male animal, or of the abortive brain of the congenital idiot, or of a hundred other such instances of nature's useless fertility, may be disposed to sympathise with Geoffrey St. Hilaire, when he says—"I cannot make of nature an intelligent being who does nothing in vain; who acts by the shortest mode; who does all for the best." Nature, struggling as man does through failures to success, makes many bumbles, some of which men mend by means of art; but as man is a part of nature, it is after all



nature which "makes that mean" and therefore in the end mends herself.\* Only we should take care in our reflections to allow long enough time for this improvement and development: without question nature's skill is greater now than it was five thousand years ago—her lands everywhere decorated with a more beautiful art, and covered with more various and more fruitful crops, and her children stronger, better and wiser; and she is still only in her early youth. What are a few thousand years in the history of a development where centuries are but seconds? We must beware then of limiting nature's doings by our ideas of what her plans are, or of attributing a perfection as end to what may be only means in a developmental progress. In her failures and blunders there is the earnest of a new success; in her successes, the presage of new failures on a higher platform of development; the rudimentary organ of one animal is the prophecy of the higher animal in which it shall arrive at its full development; the fully developed organ of the lower type marks a grade of development again to be witnessed in the degenerate organ of the higher type. Not to ramble further in this digression, however, let us return to the other arguments which Dr. Robertson uses against Dr. Moxon's theory. "Besides, as his theory is based on the greater attention to the movements of the right hand than the left—arguing from that fact a probably greater attention to the right side of the tongue than the left (memory accumulating on the left side of the brain, where he thinks attention is fixed)—it follows that left-handed people ought, when aphasic, to have their hemiplegia on the left side, which *possibly* is the case. Again, how does it happen that even after nineteen years, as in one of my cases, during which, according to the theory, attention ought to have been transferred to the left extremities, memory has not gradually grown up in the right hemisphere?"

When brought face to face with a person suffering from loss of speech, the first question plainly is to determine what is the loss. Is it a loss of the power of giving articulate utterance to the ideas, of making the vocal signs of them; or is it a loss of speech on its mental side—in other words, of ideational function? It is quite possible for a person to lose the power of expressing himself by

\* "*Perdita*."

For I have heard it said,

There is an art which, in their piedness, shares  
With great creating nature.

"*Polixenes*."

Say there be;

Yet nature is made better by no mean,  
But nature makes that mean: so, over that art,  
Which, you say, adds to nature, is an art  
That nature makes.

This is an art

Which does mend nature,—change it rather; but  
The art itself is nature."—*Winter's Tale*.

speech without the intelligence being at all affected, the ability to express himself by writing remaining: he loses the mechanical power of registering his thoughts in a certain way by reason of damage to some part of the instrument which he has to use. Either the communication between the ideational centres and the motor centres of speech is interrupted; or the mechanism of the motor centres in which reside the motor intuitions of speech is damaged and their functions suspended; or the communication between the motor centres and the muscular apparatus is cut off. In all these cases the lesion is a motor one, and the question a question of paralysis, just as it is when power of writing is lost in consequence of right hemiplegia. And as in some cases of hemiplegia a strong emotion may suffice to move a paralysed limb when no effort of the will can move it, so here a strong emotion may sometimes enforce its expression in speech when volition cannot.

Now, before saying anything of loss of speech in its intellectual aspect, let us ask what are the probable motor centres of speech—what are the motor nuclei in which are stored up the residua of all the previous motor acts of speech? Some seem inclined to believe that the corpora striata contain the motor nuclei of speech, and that therefore it is that loss of speech so often accompanies hemiplegia depending on injury to the corpus striatum. Dr. Jackson, whose labours in the study of the different forms of paralysis are so well known, would probably suppose that disease of the left corpus striatum producing right hemiplegia must cause a loss of the power of articulation; and with this view Dr. Wilks apparently coincides. But there are no arguments, so far as appear, affording support to the opinion that the motor centres of speech are situated in either corpus striatum, while there are reasons for believing that they are not so placed. Disease of the corpus striatum and hemiplegia occur without any loss of speech; and loss of speech occurs without disease of the corpus striatum and hemiplegia. Where then are these centres situated? In reading Dr. Wilks' remarks, it has been a surprise to find no reference to the views of Schroeder van der Kolk on this subject. Arguing from the facts—(1) that the two corpora olivaria are reciprocally united by a considerable number of fibres, arising from their ganglionic cells and perforating the raphe; and (2) that the corpus olivare of each side is closely connected with the nucleus from which the hypoglossal nerve of the same side originates, that eminent anatomist concluded that the corpora olivaria presided over the movements of the tongue in articulation. This view is confirmed in some measure by comparative anatomy;

\* *The residua of the motor acts of speech*:—These are the foundations of what may be called the *motor intuitions* of speech—what have been designated by the Germans *Bewegungsanschauungen*. For a fuller account of this department of the mental functions than would be proper here, I may refer to the chapter on "Actuation" in my work on the '*Physiology and Pathology of the Mind*.'

for the corpus olivare exists only in a small number of animals—only in mammalia, and is most developed in man, the apes coming next in order. The facial nerve has connection with it through a group of ganglionic cells or *auxiliary* ganglia on a level with the nerve and closely connected with its nucleus—a circumstance which may afford some reason to suppose that the loss of speech and the facial paralysis accompanying hemiplegia are concomitant effects of a common cause, whether this be the direct encroachment of disease or some secondary consequence of it. If the hypothesis of Schroeder van der Kolk be true, a question will arise, whether the will can act directly upon the corpus olivare, or whether it can act only through the corpora striata. It is indeed a part of the larger question whether all the fibres of the sensori-motor tract end in the thalami optici and corpora striata, new ones starting thence to go to the hemispherical cells, or whether some pass directly onwards to the surface of the brain. It may well be that all the nerve fibres from the limbs end in the thalami optici and corpora striata, and yet that there is direct communication between the grey surface of the hemispheres and the special nuclei, motor and sensory, that lie in the cerebro-spinal tract below these ganglia.

Coming next to the consideration of speech in its mental aspect, is it really a matter for serious discussion whether the faculty of it is placed in a particular part of a particular convolution on one side of the brain? If it be so placed, then it is an unavoidable psychological corollary that thought is located there also—a *reductio ad absurdum* which might well stagger the hottest theorist. When the mental faculty of speech is affected, the defect is not a motor one, nor is the question one of paralysis (although it is possible there may be paralysis of speech also), but the defect is mental, and the question is one of ideational disturbance or deficiency; the loss or disorder of speech being an index marking the degree and kind of the mental failing. For a man to exhibit intelligent utterance under such circumstances would be very much as if the notes of a piano were to go on vibrating in the harmony of a tune after the player had ceased playing, or when his fingers were striking discords. In how many cases of hemiplegia without loss of speech does the mind escape entirely? Is it not the usual fact that, though consciousness remains, the memory, the emotions and the mental power, are more or less affected in hemiplegia? Superadd loss of speech to the mental failing, or suppose a greater degree of secondary disturbance produced in the supreme centres of intelligence by the primary mischief in the corpus striatum, and we may conceive the conditions of any sort of imbecility of thought, memory, and expression.

But, it may naturally be said, the foregoing observations can have weight only on the supposition that the observations and inferences

made respecting loss of speech and disease of the left corpus striatum, or of the left frontal convolution, or of both, have no weight. True: the frequent association of right hemiplegia and loss of speech counts for nothing as an argument in favour of the conclusions which have been based upon it, so long as cases are met with, as they certainly are, in which there is left hemiplegia with loss of speech. A generalisation is unsound which is met by a positively contradictory instance, when that instance cannot be explained by any variation of circumstances intervening to disturb the operation of the general law, and thus, by accounting for the exception, confirming the law. The true problem is to find out how it is that loss of speech more often accompanies right than left hemiplegia, not to set up the hypothetical cause of a necessary coexistence, and thereupon to invent other hypotheses in order to account for the actual variations. There would certainly appear to be conceivable other anatomical reasons for the frequent coexistence of loss of speech and right hemiplegia more likely than the localisation of speech in one part of one side of the brain. It is hardly necessary then to add that the observations of disease of the posterior part of the third left frontal convolution, which have been reported with a remarkable family likeness ever since M. Broca promulgated his singular theory, inspire no confidence whatever. It requires a person to have studied the morbid anatomy of the brain nearly all his life in order for him to be trustworthy as a guide to what is a morbid condition of it. And the way in which many of these cases have been related, when they are critically looked into, can scarcely fail to excite doubt and suspicion, not of the sincerity of the reporters, but of their scientific competence and of their freedom from unconscious bias. How frequently, in fact, do we find in such cases an elaborate account of the symptoms during life, and, when we come to the description of the morbid appearances, little more than that "there was softening of the posterior part of the third left frontal convolution"—little more than the exact repetition of Broca's theory in Broca's words. A great difficulty in observation notoriously is, not to see what is specially looked for, but to avoid seeing it. Apart, however, from all question of the reliability of pathological observations, and apart from all psychological considerations, the fact that loss of speech has occurred without any affection of the left frontal convolution, the not less decisive fact that the left frontal convolution has been destroyed by disease without any loss of speech, and the further fact that loss of speech does occur when the disease is on the right side of the brain, render it unnecessary to discuss Broca's theory on the basis which some have hastily claimed for it.

To prevent a possible misconception in regard to the foregoing cursory criticism, it may be well, before passing from the subject, to add one reflection more. It is this: that a limited disease of the

brain, such as abscess or softening, confined to the medullary part, or situated elsewhere, may affect the intelligence in one case and not in another, or at one time in one person and not at another; the effect being due probably to that obscure action which we provisionally designate reflex or sympathetic action. I have seen a patient, whose death proved him to have limited abscess of the brain, devoid of all intelligence and utterly unable to express himself in any way at one time, and at another time suddenly to recover his intelligence and to speak quite sensibly, although the restoration was only temporary. The example might serve to prove, were proof on such point necessary, how completely in some cases limited mischief may affect the whole mind; it may also enable us to conceive how it is that disease of one of the corpora striata does sometimes disturb seriously the intelligence.

*Disease of the pons varolii.*—Disease on one side produces hemiplegia with or without some other local paralysis; a disease in the middle of the pons may involve both sensory and motor tracts, and cause a complete loss of power of the whole body. Though a sudden effusion of blood usually produces profound coma with contraction of the pupils, there is not necessarily any loss of consciousness. The implication of one or other of the numerous nerves arising from this part will afford evidence as to the part of the sensori-motor tract affected; the facial, the fifth or the sixth nerve may be paralysed, and the fibres of the lingual and glosso-pharyngeal are involved when the disease is low down towards the medulla. Dr. Wilks relates three cases of disease of the pons, in all of which there was loss of speech, and other cases to show how closely the symptoms of apoplexy of the pons sometimes resemble those of opium poisoning.

*Paralysis in connection with disease of the surface.*—If a patient is quite unconscious, his limbs will fall helpless when they are raised; but is there a real paralysis in every such case, or is the result due to loss of volition? In fact, is disease of the surface of the brain sufficient to produce a real paralysis, or is an extension of disease to the motor centres necessary to bring about such effect? Dr. Wilks relates one remarkable case in which there was retention of consciousness with left hemiplegia, and in which after death the whole cineritious substance of the right hemisphere was soft and disintegrated, the disintegration reaching the medullary matter, but not penetrating deeper. The left hemisphere was quite healthy. The example, if, as Dr. Wilks observes, the report can be relied upon, might certainly seem to prove that disease of the surface of the hemisphere may produce hemiplegia. The patient, a woman, was quite unaware that she had lost power over her left side. But was the existence of a real paralysis satisfactorily established in the

case? Or is it possible that the helplessness of the left limb was after all due to the loss of volition and consciousness in the right hemisphere? It is clear that the left hemisphere was cut off both from knowledge of, and power of acting upon, the limbs of the opposite side; for although it was in full function, the patient was unaware of her hemiplegia—the left hemisphere being so disintegrated as to be unconscious of it. And the example would seem to show that one hemisphere can only act volitionally on the limbs of the same side; because though the left hemiplegia, granting it real, would account for the inability of the right hemisphere to act upon the left side, it would not account for the entire unconsciousness of the hemiplegia. And of course if the hemiplegia was not real, there was no reason why the right hemisphere should not have been able to act upon the limbs, except that it was cut off from communication. It is certainly an interesting question as to the extent of power of one hemisphere over the limbs of the same side—whether it has any direct consciousness and control of them, or only an indirect power through its sympathy with the other hemisphere. But it still remains unsettled whether there was actual paralysis or not in Dr. Wilks' case. If there was, what becomes of the assertion that one hemisphere of the brain may carry on the intellectual and bodily functions, without any apparent defect? On the other hand, what difficulty is there in supposing that disease of the surface only may produce paralysis, when we remember that disease or laceration of the surface of the brain very frequently produces convulsions? The subject is evidently still wrapped in obscurity, and demands patient clinical and pathological study.

Whatever may be the truth with regard to the sufficiency of disease of the brain to produce paralysis, there can be no doubt that such disease produces mental disorder. When it is acute, we have delirium ending in coma; when chronic, we witness a gradual failure of intellectual power. The ultimate effect of a chronic change is, in many instances, an atrophy: the brain becomes smaller; the sulci between the convolutions are filled with water, and the arachnoid over them is thickened and opaque. The shrinking is partly compensated by effusion into the ventricles, and the choroid plexus contains cysts and earthy matter. This state of things is met with in the atrophy of old age, of dementia, of alcoholismus, and of lead poisoning; the decay of mental and physical power corresponding in the main with the wasting of the brain.

After pointing out that the result of the retrograde changes which occur in general paralysis is a destruction of the tissues and a corresponding loss of function, Dr. Wilks puts the following questions to alienists:—"Do they rely on the symptoms which accompany the disease as characteristic of it? or do they, on the contrary, consider that the only cases which deserve the name of general paralysis are

those in which they believe that there is an affection of the cineritious substance, such as I have spoken of above? Would such a condition, in the absence of any of the usual symptoms, be sufficient to constitute the disease? Are a certain number of the symptoms sufficient to mark it, even though one or two of those usually regarded as most characteristic should be absent?" He desires this information, believing that much error ensues by reason of medical men paying more attention to the study of one class of diseases than to that of others; and he gives the following happy illustration of the truth of his remarks:—

I lately took the trouble to test the powers of diagnosis possessed by different physicians who pursued each his own speciality. A gentleman came to me, as a patient, whom I recognised to be suffering from general paralysis. He tottered or straddled into my study; he spoke thickly, like a man intoxicated; he had lost all intellectual expression; he had tremor of the tongue, and his pupils were unequal. He said he was very well, and appeared cheerful. His reason for coming to see me was the fact that he had had two or three bilious attacks. His wife, however, said that for many months he had been forgetful and strange in his manner, so that he was quite incapacitated for business. I afterwards met a medical practitioner who had known him for years, and who was content to style the case one of softening of the brain. It so happened that chance brought to my house two gentlemen, one of whom had been making a study of Duchenne's paralysis, the *ataxie locomotrice* (as it is called), while the other had been connected with a lunatic asylum. The one, seeing my patient walk with a tottering gait and with his eyes constantly directed towards his legs, was at once impressed with his own idea of the case, and this notion was strengthened when I showed him the inequality of the pupils, which, he said, is one of the symptoms of Duchenne's disease. Some amount of reasoning on my part was necessary to convince this gentleman that these characters are not peculiar to his favorite malady. My other friend instantly recognised the case as one of general paralysis, and expressed the opinion that the profession generally are very imperfectly acquainted with this disease.

This instance is, I think, sufficient to show that the true characters of the different forms of chronic brain disease are not yet so accurately defined that every one can at once distinguish between them. Many of the symptoms at present described as peculiar to some are, in reality, common to many of these affections, and are due to a general rather than to a special derangement. It is said, for example, that general paralysis is characterised by quivering lips and by hesitation in speech, followed by want of power in the limbs; that it often terminates in epilepsy, and that its mental symptoms consist in a loss of control, in the existence of delusions, and, ultimately, in a state of dementia. The ideas are generally of an exalted or ambitious kind, but authorities state that the intellectual phenomena vary, and that, whilst some patients are demented, others are maniacal. It is clear that many of these symptoms belong simply to an atrophy of the brain, being present even when this arises from alcoholism; hence, we must ask whether the peculiar form of delusion, which is certainly one of the most striking features in these cases, is sufficient to characterise the complaint, and whether its absence is enough to negative the diagnosis of general paralysis. Further, we must inquire whether a meningo-cerebritis, or some other definite pathological change, is found after death in every case of this disease. If a negative answer is given to the last question, then my friend

who called a case of general paralysis by the name of softening of the brain, by which he meant a general decay of the brain, was not far wrong. I have already said that if, in a case of alcoholismus, we abstract the symptoms of abdominal visceral disease, the nervous symptoms remaining correspond closely with those of general paralysis. I have also alluded to the so-called "ataxie locomotrice," which is said to be a disease with characteristic symptoms; but the condition of the pupils, and the presence of paralytic symptoms affecting some of the cerebral nerves, show that the seat of this malady lies within the cranium, and not merely in the spinal cord. Hence, my colleague, Dr. Gull, many years ago, alluded to such cases in his 'Gulstonian Lectures' under the name of *cerebral paralysis*, and said that they were brought about, not by any actual softening process in the spinal cord, but by more general causes, such as sexual excesses.

I have said enough to show that, in studying the chronic affections of the brain, we should endeavour to discover which symptoms are universal, and which are proper to particular forms of disease. These complaints, as a rule, can be distinguished by the circumstances attendant upon them; it is not difficult to determine whether the failure of bodily and mental power arises from poisoning by lead, mercury, or alcohol, from old age, or from chronic inflammation.

The post-mortem appearances found in general paralysis are so far peculiar that in this disease the brain is not always obviously wasted, although the normal tissue is really destroyed to the same extent as in atrophy. Moreover, as this morbid change progresses slowly through the brain, and does not affect it all at once, the symptoms of it may vary. Since it begins in the cineritious surface, the mental powers often fail whilst much bodily power remains. Thus, every lunatic asylum contains many patients suffering from this disorder who can walk well, and who enter into the games of the institution, or are engaged in labour. That the guiding will may be almost absent, although the motive powers connected with the central ganglia are perfect, is sometimes remarkably shown by cases of patients who have considerable difficulty in starting, but who, when once the machinery is set a going, will continue to walk until exhausted, having scarcely any power to stop. Such a case is the very opposite of one in which, from disease of the centres or spine, all power is lost, though the mind and will are intact.

In the general paralysis of the insane, then, we find a chronic change in the brain, and especially in the grey substance immediately beneath the membranes. The inevitable result of such an affection is the gradual decay of all bodily and mental power. By removing this morbid condition from the category of special disorders we are not taking from its peculiarities, but adding to its interest; for if a spontaneous change of the kind mentioned is productive of certain well-marked results, it is a point of great pathological and physiological importance to observe that like functions, induced by causes of various kinds, give rise to very similar symptoms. This we see, for instance, after injuries of the head and effusions of blood; and, under these circumstances, the post-mortem appearances also resemble what is seen in the idiopathic form of disease; indeed, it sometimes happens that the lesions last named are the immediate exciting causes of a disease which is said to be simply mental. Thus, I believe I am correct in asserting that, according to the reports of asylums, evidence of hereditary influence fails in this disease more often than in any other class of affections seen in these institutions. This is in favour of the view that general paralysis may affect a previously good brain. If my memory serves me right, a history of hereditary predisposition is wanting in a quarter of all cases of insanity.



We should question the correctness of the statement that the evidence of hereditary influence fails in general paralysis more often than in other mental diseases; indeed, we hold it more correct to say that in a case of general paralysis, where there are no excesses assignable as causes, there is almost sure to be some history of hereditary taint. Dr. Wilks "regrets to find that in the reports which are abundantly heaped upon us from lunatic asylums the work of the mere secretary or superintendent so much overshadows that of the physician, and that the scientific value of these pamphlets is altogether sacrificed to their business character." He fails to find in the reports in his possession any well-recorded cases with details of post-mortem appearances, and he is fain therefore to adduce examples from Calmeil. But there is an excuse for the scientific baldness of those reports which Dr. Wilks has not thought of: they are addressed to the Committee of Magistrates, and not to medical men; and they are intended as reports upon the condition of the asylums during the year, not as scientific reports. While we bring forward, however, this sufficient apology for the character of our asylum reports, we are sorry not to have a word of apology to make for the absence of scientific results commensurate with the importance of the vast quantity of material collected in our numerous asylums, and with the attainments of those who superintend them. In this regard Dr. Wilks' complaint is only too well founded; and so far as it points to the isolation of the asylum physician from the scientific spirit of his profession, by his absorption in economical affairs, it undoubtedly points to a real evil, and one which, unless remedied, must inevitably, sooner or later, lead to many mischievous consequences.

*Epilepsy; disease of the surface of the brain.*—Dr. Wilks holds the opinion that the morbid conditions of the brain which give rise to epileptiform convulsions are remarkably uniform, and that they all point to the presence of local irritation of the surface. He has no hesitation in saying that for one case of disease in the pons varolii with epilepsy, fifty cases may be found in which the morbid changes occupy the surface; and he cannot see any grounds for a theory which supposes the seat of epilepsy to be in the pons or in the central ganglia. "Disease of those parts would produce paralysis; but in order to produce increased movements, they must be healthy and susceptible of irritation. In the case of feigned epilepsy we should say that the will, which is intimately associated with the cineritious structure, acts on the central ganglia beneath, and excites them to the production of violent movements in the limbs, exactly as in the real disease. Thus, we can believe that in true epilepsy there arises in the superficial parts of the brain an influence which is independent of the will, and, in fact, takes away

the consciousness by operating through the cineritious substance, and which also irritates the ganglia below, and sets up the paroxysm. At the same time we may allow that the pons varolii and medulla oblongata are also excited, and we may thus explain the affection of the respiratory nerves and of the spinal accessory, which causes the distortion of the head." In confirmation of these considerations he points out that not only does irritation of the surface of the brain usually produce convulsions, but that the most definite affection discovered in cases in which the symptoms have been undistinguishable from epilepsy is an old adhesion of the membranes to one spot on the surface of the brain. Furthermore, consciousness is abolished during the epileptic fit, while the ultimate effect of the disease, when it is long continued, is to produce imbecility. "It appears to me that, from clinical and post-mortem observations, as well as from all analogy, we cannot but conclude that the *fons et origo mali* is in the cineritious substance of the brain. . . . So far as I know, Dr. Todd has been the only author who insisted on the fact that the seat of epilepsy is in the cerebral lobes; but, if I remember rightly, this view was not generally adopted at the time of its propagation on account of objections based upon physiological grounds; nevertheless, it appears to me that everything points to the correctness of this opinion. I am myself so convinced of it as to feel sure that the improved method of examination used by Mr. Lockhart Clarke will show a well-marked change in the cineritious substance of the brain in cases of long-standing epilepsy." Dr. Wilks gives the outlines of a few cases which support these views. And we might call to mind, as an additional argument in their favour, those instances of periodical maniacal excitement which really represent a vicarious epilepsy—the cases in which mental convulsions take the place of the usual bodily convulsions.

*Tumours productive of mania.*—In the few recorded cases of tumour giving rise to mania, Dr. Wilks finds that the tumour has always been of the cholesteatomous kind; and he believes that this affords ground for thinking that the disease may have been merely coincident with some other undiscovered change more immediately connected with the altered mental state of the patient. We feel loth, however, to admit this conjecture on the basis alleged for it; for, in the first place, there are cases on record in which the tumour producing mental derangement has been cancerous or fibrous, or tubercular, or syphilitic, or a cysticercus; and, in the second place, it is easily conceivable that in the case in which a tumour does cause mental disorder, it may do so by a reflex or sympathetic action like that by which an abscess of the brain may disturb, or abolish for a time, the patient's intellectual functions, though at another time not affecting them observably.

*Disease of the cerebellum.*—The theory that the function of the cerebellum is to harmonise and co-ordinate the various movements, is not supported by a single clinical fact, so far as Dr. Wilks is aware. We rejoice to have so authoritative a statement, for we have always been of opinion that it never was supported by a single physiological fact, or by a single well-considered reflection. How it has been possible for writers to go on assigning such a function to the cerebellum at one part of their books, and at another part to describe the independent function of the spinal cord as ministering to automatic acts, primary and secondary, is not easy to explain. In none of the cases of disease of the cerebellum which have come under Dr. Wilks' care, has there been observed anything more than a desire to lie quiet in bed, and an anxiety to be let alone—symptoms which are common in other cerebral diseases.

But enough has been said to indicate the character and the importance of Dr. Wilks's contributions to the pathology of nervous diseases: they must be studied by all who desire to learn what is known of this obscure subject, and what are the most promising lines of further investigation. If we were disposed to venture any criticism of them here, it would merely take the expression of a regret that Dr. Wilks has not considered it within the scope of his paper to give an exposition and criticism of the views of other observers, English and foreign, but has contented himself with the modest enunciation of the results of his own observations and reflections. In the confusion of dubious observations, uncertain inferences, and contradictory theories with which the pathology of nervous diseases is beset, the ripe criticism of so competent an authority, eliminating what was worthless, and co-ordinating the real work done, would have been a welcome and invaluable guide to those who, each moving in a different way, are all now in wandering mazes lost. We would fain have added—

Henceforth thou art the genius of the shore,  
In thy large recompense, and shalt be good  
To all that wander in that perilous flood.

H. M.

## CLINICAL CASES.

*Acute Mania and Acute Maniacal Delirium.*

By HENRY MAUDSLEY, M.D. Lond.

IN the unfortunate but unavoidable absence of a medico-legal report, which was to have occupied this part of the Journal, the following two cases may find a place. They are selected from my work on the 'Physiology and Pathology of the Mind,' and they serve to illustrate the difference between the ordinary acute mania which we often have to deal with, and that acute maniacal delirium which occasionally comes under treatment. The distinction is of considerable importance; for, while in acute mania it would be proper and beneficial to insist upon abundant exercise in the open air, by making the patient walk about between two attendants, if necessary, such practice would be most unscientific in acute delirium, and very likely to be followed by fatal consequences. It would be better to place a patient suffering from such acute degeneration of cerebral function entirely in seclusion, thus giving him the chance of, what he most of all needs, *rest*, than to aggravate his disorder by forced exercise and mischievous struggles with attendants. The prognosis is never very favorable in acute delirium, but it is very much influenced for good or evil, according as food is taken by the patient or not.

CASE.—W. P.—was a merchant, of great originality of thought and energy of character, who became insane, after making a considerable fortune entirely by his own abilities. His mother had died insane. After slight depression, and certain transactions in business, which rather astonished his friends as being opposed to his usual manner of doing things, he broke out into eccentricities and extravagances of behaviour, with which was associated an unaccustomed liveliness; in fact, he acted very much as if he were intoxicated, turning certain pictures with their faces to the wall, putting chairs in queer positions, walking about the garden bareheaded and singing; altogether he appeared joyous, and was eccentrically industrious. If spoken with, he was lively, witty, original, and satirical, laughing with a laugh of peculiar harsh and metallic ring, which he could not have imitated when in health: still he could control himself for a time, and speak with a marvelous assumption of calmness if he pleased. There was so far no positive insanity of thought, though there was great insanity of action; his condition might be said to represent an acute form of that stage of disease which has been described as the mildest form of hereditary insanity. Degeneration proceeding, however, he became in a day or two much worse: he raved incoherently in conversation, was violent in action, and not amenable to control; his language was obscene and disgusting, his behaviour not less so; and he represented very completely the condition of a furious maniac, whose

habits were of the filthiest kind; he masturbated with frenzied energy, and eagerly licked up the secretion, swallowed his urine, and painted himself with his fæces, chanting a wild chant the while, or talking in rapid incoherence. In all this extremity of fury, however, there were plainly evinced on his part a certain consciousness of his extravagances and a capability of modifying his actions in certain regards, which could not fail to give his conduct the semblance of wilful defiance and witting offence to the feelings and opinions of those who had to do with him. As the energy of this stage somewhat subsided, various delusions—as that he was made the victim of medical experiments by night and by day, but especially by night—were exhibited; the strange disease-produced feelings, nowise conforming to the order of his previous experience, and the feeling of the automatic agent of acts not his own which he was made by disease, were interpreted as the results of external malicious agencies, as they were plainly not within the domain of his conscious life and voluntary control. This condition of things lasted for more than a week, after which, as the maniacal fury and delusions disappeared, there ensued a state of the profoundest moral disturbance. He was possessed with a great hatred to all those who were especially his friends; was sullen, morose, and gloomy; represented, in the unfairest way, everything which had been done to control him—and he had an excellent memory of what had been done—as a violent cruelty; misrepresented any kindness or act of attention from his relatives; refused his food or took it most capriciously; and, although all positive delusions seemed to have vanished, yet he appeared to look upon others as responsible for all his sufferings and extravagances. One might reason with him, but even if he acknowledged the justice of the arguments, which he sometimes did, it was a hypocritical affectation; for to another he would immediately afterwards set forth his unparalleled grievances in the most perverse and untrue manner—more untrue because he so completely twisted and perverted some little truth. When well he had always displayed a scrupulous regard for truth. There was no intellectual incoherence, but marvellous ingenuity: he could assume such an appearance of calmness and logical moderation in his complaints, accusations, and statements as would deceive the very elect. And he actually succeeded in imposing upon an influential friend, who, himself a most honorable man, was so much influenced by the calmness and coherence of his stories, and by the plausible way in which he accounted for all his peculiarities, as consequences of the position in which he was placed, or slurred them over, that he represented in the strongest possible manner to his immediate relatives the injustice of keeping him longer under any sort of restraint. Accordingly, in this condition of imperfect convalescence, of unquestionable extreme moral or affective insanity, and in opposition to medical remonstrances, the patient was freed from all restraint: all the people in his neighbourhood thinking that he had been most unjustly confined. The consequence was, that in the course of a few weeks he had so managed, or rather mismanaged, his property—selling stock at great loss, and giving away large sums of money under the most singular pretences—as to afford an excellent harvest to the lawyers, and greatly to impoverish his children. It was found absolutely necessary to place him under restraint again, where he will remain, doubtless, for the rest of his life. For, although he was apparently quite rational for three or four weeks at a time, yet the attacks of mania constantly recurred, gradually becoming more prolonged, and the intervals of sanity less, until the disease acquired the character of dementia.

In this case we may observe that the first stage of the degeneration was a short period of inquiet and of unaccountable depression,

which Guislain believed to occur in the great majority of instances, and which not unfrequently precedes an ordinary fever or other grave disease: it is, as it were, the projected shadow that portends a great calamity, the foreshadowing gloom or painful forefeeling of the coming storm. Afterwards there quickly followed a stage of so-called exaltation, in which the patient seemed to be in an exuberantly happy state, as though transported with some joyful tidings, and perpetrated various extravagances of speech and action as though from an overflow of life. Some have not hesitated to describe this condition as one of increased mental activity; even Schroeder van der Kolk has fallen into what we cannot but consider this great error. The real state of the patient is one of irritable weakness: he is unduly impressible, abnormally excitable, and reacts in sudden impulses of feeling, thought, speech, and action, which more resemble spasms than anything else; he is entirely incapacitated from the calm reception and discrimination of impressions, the subsequent quiet reflection, and final intelligent act of volition—the complete co-ordination of mental action, which is implied in the highest mental activity; his words and actions are like the idiot's tale, "full of sound and fury, but signifying nothing." The condition of nerve element, which is the basis of this excitability, is a reaction after the preceding depression, and it marks the commencement of a degeneration which, if not checked, will go on to the further stage of positive maniacal degeneration of mental action, like as the reaction of other kinds of organic element that have been chemically or mechanically injured passes into inflammation and purulent degeneration: it is a state of instability of composition corresponding with that which is the condition of the mildest forms of hereditary insanity, where very striking exhibitions of particular talents sometimes occur.

Striking in this case was, what is often observable in other cases, the metallic ring of the strangely altered voice. This maniacal change in the tone of voice, which is apt to grate so harshly on the sensibilities of those unaccustomed to hear it, testifies not less surely than the deranged thought, perverted sensibility, and furious conduct to the profound and general disturbance of the nervous system. "When a man is a lunatic," says Dr. Bucknill, "he is a lunatic to his fingers' ends:" he is alienated from himself both bodily and mentally. I cannot help making the remark here, that in almost every disease, but especially in insanity, there are a great many unobtrusive symptoms in which nature speaks that are almost entirely overlooked, attention being so much fixed on a few prominent symptoms. In insanity, for example, there is not only the changed tone of the voice, but there are peculiarities in the expression of the countenance, in the look of the eye, in the posture of the body: these constitute the physiognomy of the disease, and deserve the

most exact study. I think it not impossible in many cases to determine from such signs not only whether the patient is suicidal, but in what degree he is suicidal—whether at any rate there is a desperate impulse that, like an evil fate, governs the patient and waits and watches for opportunities, or whether a fluctuating impulse is excited to activity by opportunities. Again, there are great diversities in the character of what we confound under the general name of *pain*, as well as in the character of those manifold modifications of sensibility which fall short of pain, all which have their specific meanings had we but the knowledge to interpret them. Two circumstances, noteworthy in many cases of insanity, were marked in the case under consideration: these were the peculiar indescribable odour of the patient—the *bouquet des malades* of lunatic wards—and the intensely offensive character of the intestinal excretions. Manifestly there is some unknown chemical change produced in the excretory functions by the profound nervous disturbance, not otherwise than as secretions are observably altered in composition by passion; and the result attests, like other effects just mentioned, the essential interaction of the mental life in the whole bodily life, and the impossibility of separating, save in thought, mental and bodily phenomena. It behoves us therefore to carry with us to the investigation of any case of insanity a deep sense of the importance of scrupulously studying every sign of physical disturbance, motor, sensory, or nutritive, as well as the prominent mental symptoms.

The third stage of degeneration exhibited by the patient was that of acute maniacal fury, of which it is not necessary to say more than to point attention to the evidence of the persistence of a certain amount of self-consciousness, and the occasional manifestation of a certain power of self-control for a moment. This is the more necessary because of the foolish criterion of responsibility sanctioned by English law, or rather by English lawyers. Certainly this patient, at all but his very worst moments, and perhaps even then, was conscious of what he was doing at the time, as he had an exact and complete memory of it afterwards, and was quite aware that it was disgusting and offensive to those around him; he had even some power of self-control at times, as he would not do before me what he would do before attendants; so that if the legal criterion of responsibility had been strictly applied to his actions, this man, suffering the extremity of maniacal disease, would not have escaped punishment. As the maniacal fury subsided and delusions appeared, the disease becoming more chronic, we might say that a fourth chronic stage was passed through—a stage characterised by the persistence of ideational disorder, that is, not only of morbid ideas but of the morbid association of ideas, after excitement of conduct had ceased. From this the patient soon passed into the fifth, well-marked stage of affective insanity, a condition which usually lasts for some time after ideational

disturbance has disappeared. The result of his premature removal, while so suffering, affords an excellent illustration of the truth of the observation of Esquirol, that the disappearance of hallucination or delusion is only a certain sign of convalescence when the patients return to their natural and original affections. At the earlier period of the disease there succeeded to this stage an interval of apparently perfect sanity before the supervention of a new attack, but as time went on this interval became less evident, and at last was omitted altogether; so that, instead of a recurrent mania, there was a continued mania established, with regular stages of exacerbation and decline, and a steady declension towards the last stage of all, that of dementia, took place.

Now if we choose to suppose, as we might not unfairly do, each of the stages of disease gone through by this patient to exist in some individual, and to constitute his permanent state—if we conceive, in fact, the progress of degeneration through generations instead of through the individual life—then we may form a tolerably correct idea of the varying forms of general ideational insanity that are met with. In one person the fury of action may be most marked; in another, the delirium of thought, chronic or acute; and in a third there is a predominance of the affective disorder. If we eliminate the element time in considering the course of mental disease, and do not suffer our thoughts to be constrained by it, we may certainly be enabled to get more correct views of the relations which the different forms bear to one another; the events of generations and of the individual life are brought together within the same compass of time, and pass in procession before the imagination, as it were, on the same theatre: a morbid stage, which might scarcely be noticed or might be entirely passed over on account of its rapidity and briefness in the individual, will be distinctly evolved in the progress extending through generations; and a phase of disease which might have an exaggerated importance or an independent character assigned to it in the generation will receive its right interpretation by a consideration of the course of the disease in the individual. Had this principle been at all times clearly apprehended, it may be justly questioned whether any one would have been found to doubt or misinterpret those obscurer forms of mental disease that have been the cause of so much unprofitable contention and angry feeling.

A form of most acute mania, which runs a rapid course, deserves particular attention, both on account of the rapidity of its course, the gravity of the prognosis, and the special treatment demanded. It is really an acute maniacal delirium rather than a systematised mania, the *délire aiguë* of French authors, and is characterised by great excitement, entire incoherence, apparent unconsciousness of what is going on around, and extreme restlessness; the course of



the disease being swift either to recovery or to death. The following example will serve to illustrate it:—A cook in a gentleman's family, whose age was not known, though plainly between forty and fifty, was rather suddenly attacked with acute mania. Nothing was known of her previous history, but she had been considered by her fellow-servants to be a little peculiar, and she had suffered from a chronic erysipelatous inflammation of one leg, which had disappeared a short time before her attack of insanity. She had been ill seven days when admitted into the hospital, and during the whole of that time had been noisy, violent, and utterly incoherent; and she had taken no food for several days. On admission, her state was one of the extremest maniacal excitement; she was noisily incoherent, stripped off her clothes, rolled on the floor, was unconscious of the calls of nature, and seemingly unconscious also of what was said or done to her; she was continually spitting frothy and sticky saliva, and the look of her countenance was horrible and heart-rending. She could not be got to take food, and it was with the greatest difficulty that beef-tea, eggs, and brandy were administered to her at frequent intervals. Morphia made her sick, and did not make her sleep. This went on night and day for a week, when she was reported to have become quiet; but it was the quiet of complete exhaustion. Her pulse was so feeble and rapid that it could not be counted, though up to the moment of the collapse she had been as excited, as noisy, as restless as ever, and she still rolled on the floor, tossing her arms about and pulling at her clothes. Next day the heart beat feebly 160 times in a minute, as far as could be made out where no exact examination was possible, and with a certain undulatory action which raised the suspicion of pericarditis; but there was no increase of cardiac dulness. The skin was hot and dry; there was extreme jactitation; and she drank fluids eagerly, as she had never done before. I thought there was some abdominal tenderness on pressure, but could not be sure of it. Next day she was clearly sinking fast, and muttered words which so far could be made out were a request for holy water; she was a Roman Catholic. Pressure on the abdomen now produced evident shrinking. On the following day she died. On examination of the body after death, the pericardium, when opened, was found not to contain a drop of fluid; its surface was dry, rough, and markedly injected, and its substance seemingly thickened generally, and certainly so in parts by oblong patches of lymph of old standing. There were similar layers of lymph on the heart, the substance of which was pale and flabby, and its cavities were full of blood, mostly uncoagulated. The intestines were almost universally of a rosy red hue, which on closer inspection was seen to be due to injected vessels. The arachnoid was slightly clouded, like glass gently breathed upon, and streaked with a delicate milky opacity along the lines of the vessels,

while it was bulged at the sulci by a clear serous fluid beneath. The ventricles were filled with a similar fluid, which existed also in considerable quantity at the base of the brain. On slicing the brain numerous red spots were visible, and when the surface of the cerebellum was exposed it was seen to be strongly injected in beautiful arborescent fashion. Had the examination been carried further into the minute structure by a competent microscopist, I doubt not that the ideational cells of the cortical layers would have been found to be clouded and troubled like as the arachnoid was. The visible morbid appearances at any rate were instructive and interesting, and afforded some compensation for the painful feeling of utter helplessness which one had had in face of the disease during life. An obvious speculation as to the cause of the disease could not fail to present itself: that an erysipelas disappearing from the surface of the body had selected for attack the arachnoid and other serous membranes. Though the issue was fatal in this case, it is not so in all cases of acute maniacal delirium; it is, however, a disease which should unquestionably be regarded seriously, both on account of its occasional intractability, and on account of the suddenness with which fatal exhaustion may supervene."

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*On the Treatment of a certain class of Destructive Patients.* By  
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INCIDENTS occasionally arise in the management of great asylums, which lead us to reflect how little the community at large are aware of the state to which a human being may be reduced by what we term insanity. We learn, too, how exacting, unreasonable, and uncharitable the outside world may become, in reference to the unavoidable condition of some who seek the shelter of those hospitals to which our specialty devotes itself.

It is within the experience of every medical superintendent how prone are the friends of patients to assume that ill-treatment and neglect are the order of the day. If a bruise shows itself upon a feeble and helpless lunatic, some attendant caused it. If a scratch is seen upon the face of one who is violent and aggressive, it is the work of some asylum officer. Bruises and scratches, quarrellings and fightings, personal encounters, seditious melées, are unknown in the big world without. There the leopard lies down with the kid, and a little child leads them. Why does not this happy state of

\* Though dissenting ourselves from the opinions expressed by Dr. Sheppard in this paper, we trust that his appeal may elicit from some of our members the results of their great experience in the treatment of a very troublesome class of patients.—ED.

things obtain in lunatic asylums? It does not occur to the public mind that the patients we receive are brought to us *because* of their violence, *because* of their feebleness and consequent liability to injure themselves, *because* of their epileptic fits or other affections which render them particularly prone to the infliction upon others or to the reception in their own persons of external bruises or internal injuries.

To suppose that any sort of supervision, however vigilant, can protect patients of this kind from every chance of accidents, is to lay a most unreasonable exaction upon our superintendentship, and require a state of discipline which can never be attained. Considering the increased tendency of the maniacal to violence, of the paralysed to feebleness and unsteadiness of gait, of the epileptic to unavoidable wounds, it would be a matter of surprise to any reflecting and observant person if the results of such tendency could anywhere successfully and entirely be prevented. That they should be prevented in a large measure is certain; that they *are* prevented in a large measure is not less true. The elaborate machinery set at work in asylums is for this purpose. But machinery is not so perfect anywhere as to yield us no list of casualties, in spite of all our efforts to render it so.

It may be instructive to illustrate this position by actual experience.

Three years ago a patient was admitted into a large asylum, blind, paralysed, feeble, and greatly impaired in health. He was the subject of various delusions, and imagined that persons were pursuing him and trying to murder him. At night, in his fears and anxiety to escape his pursuers, he would keep trying to climb up the sides of the padded room in which he was placed for self-protection. After hours of ceaseless rubbing and clawing, he at last managed to get some kind of purchase for one foot, by which he was enabled to raise himself a considerable height towards a shuttered window. He slipped, however, and fell, bruising his nose and face considerably. This was at 2 o'clock in the morning. The medical superintendent was passing at the time, and hearing the fall, coupled with a loud cry of "murder," he opened the door, and found the patient bleeding at the nose, and crying for mercy. At 10 a.m. the patient's face was much swollen, and his eyes were discoloured. At 11 o'clock his wife saw him, it being one of the visiting days of the asylum. The patient told her that persons had been murdering him in the night; and the wife, horrified at his appearance, believed he had been brutally treated by the "keepers." It was with great difficulty that she was quieted, and led to credit in some manner the statement of the medical superintendent as to the cause of her husband's appearance. If this man had died within a few days, the wife would probably have demanded a coroner's inquest, and it would have been hard, looking at the personal disfiguration of the deceased,

and knowing the tendency of common-place minds suddenly charged with official dignity and responsibility, to assume *prima facie* violence, to convince a jury that death had not been caused, or at least hastened, by unfair usage.

Three days ago, in the same asylum, a patient was admitted paralysed and impaired, but supposed by his friends to be in good health. The night of his admission he had an epileptiform seizure, threw himself about in the padded room, and blackened both his eyes. If his friends should see him before he has resumed his natural appearance they will probably believe the man has been ill-used. If he should die suddenly (which is not improbable) before they see him, and before the bruises have disappeared, the matter will be still worse. No one saw the bruises inflicted, but to the eye of the medical superintendent there is evidence of a convulsion, during which they were unconsciously self-inflicted. If a coroner's jury is summoned they will probably share the suspicion and the indignation of the deceased's friends; and instead of "well and truly trying" the issue, they will prejudge it, constitute themselves the partisans of a supposed injured man, and in the absence of direct proof that death was caused by violence, append some qualifying and offensive remarks to their official finding of "Natural death."

These are typical and very instructive cases. At the hands, or rather in the minds and by the tongues, of all they receive a conventional treatment. Sympathy is manifested where it is not called for, and injustice is rendered where it is not deserved. It is of great importance, therefore, to bring such instances under the notice of the public, that they may be led to see, if possible, the liability of innocent persons to have guilt imputed to them, or, at all events, to be spoken about most uncharitably.

Being more helpless and less responsible than any other members of society, it is indeed no more than right that lunatics should have every sort of protection. That they are now largely protected is beyond a doubt, and that most cases of cruelty and neglect are brought to light is beyond a question. Nay, so widely are they shielded by the unrestricted humanities of modern treatment, by the supervision of commissioners, of magistrates, of guardians of the poor, and by the censorship of the press, that they are the most privileged subjects in the British dominions. Moreover, there is superadded to all this a yet securer protection, based upon the acquired knowledge on the part of those who have charge of them, that the ratio both of good discipline and of cure is the measure of kindness and judicious handling exercised towards the insane.

And yet the startling incidents which sometimes occur lead us to ask, if all these privileges and protections are not sometimes ensured at the expense of justice to those sane persons who have cast upon

them the responsibility of asylum administration. Is it not true that in every inquiry touching the general treatment of the insane the case is at once invested with suspicion by those whose duty it is to make such inquiry? Is there not a liability to prejudge the motives and the acts which have brought about any particular investigation? Is there not an inaptitude in the public mind, overfed by, and yet still craving for, the "sensational," to deliberate calmly upon doubtful circumstances, and reflect dispassionately upon matters which have the faintest semblance of wrong?

It may be doubted whether the public are so much to blame as the press, which often creates a morbid taste, ministers to it, and supplies it with baneful exaggerations. In the eager anxiety to anticipate his contemporaries—to be the first at promulgating a bit of "startling intelligence"—a journalist grasps at an *ex parte* statement, rattles off upon it a leading article, in which he over-colours all the facts which, if in fairness he would only wait, will be toned down, and have given to them a different complexion, by the *audi alteram partem* of to-morrow. What is justice to him? He has an expectant crowd waiting for his news and his lucubrations, and he cannot afford to postpone a sensational narrative and a slashing commentary upon it, which will increase the immediate sale of his paper, merely upon such very common pleas as those of truth and honesty.

In the large asylum from whose records the above-mentioned cases have been drawn, a circumstance has recently occurred which illustrates the taste and the tendency we are now discussing.

In the spring of 1866 some person (supposed to be an attendant discharged for dishonesty and ill-treatment of patients) wrote a letter to the Commissioners in Lunacy, complaining of the cruel treatment of the male patients in Colney Hatch Asylum—particularising two by name. It was stated that one named Harrison had been put into a room without any bedding or clothing for ten successive nights; and that another, named Hobbs, had been so immured for 140 nights in succession during the winter of 1864-5. Upon receiving this communication the Commissioners requested the medical superintendent of the male department to attend a meeting of their Board, which he did, and where he pointed out the inaccuracies and exaggerations of the charge, but admitted that for several nights these two patients had been in their rooms without bedding or clothing, in consequence of a persistent destructiveness, which there was no possibility of controlling but by the substitution of restraint—a measure of which he did not approve. The maximum of Hobbs' confinement in a nude state was four nights instead of 140, his residence in the asylum having only been sixty-seven days. Nor did the maximum of Harrison's similar confinement exceed four nights, at long intervals.

Yet in spite of this clear and explicit statement, to be read in the Asylum Report, all the newspapers have put forth the untruthful declaration of the complainant (whose animus is unmistakeable) as the real narrative of facts, and have grounded their remarks thereupon. Even one of the medical journals, in a spirit of recklessness which it is difficult to characterise in proper terms, has similarly misrepresented all the circumstances of the case, and written: "The statement made by Mr. Pownall, and admitted to be true by Dr. Sheppard, medical superintendent of the Colney Hatch Asylum, was to the effect that a patient named Harrison was put into a room upon bare boards, within brick walls, without either clothes or bedding; that Hobbs, another patient, was similarly immured for 140 nights during the winter," &c.

How difficult it is, you see, even for those who lay claim to the scientific conduct of a medical journal, to resist this tendency to overstatement, where such overstatement runs into the "sensational." To me it seems that unless a periodical is accurate in its reports, and careful about going to the fountain-head for its information, before it commits itself to the responsibility of censorship, it sinks itself to the level of those cheap newspapers whose chief duty seems to lie in pandering to the public taste for Lady Audley's and other such-like "secrets." To assume a certain position taken by another to be false—to hurl invectives at its indefensibility—to say that motives are beside the question, and to show by remarks that facts are beside the question likewise—these things are not calculated to elevate the science which we try to elucidate, or to make manifest that love for impartiality which should be held sacred by every writer.

Let me now enter upon the use of the first personal pronoun, and make a few observations in my capacity of medical superintendent of a large asylum, upon the general management of a certain class of destructive patients. If I advance anything new or startling, I do so in the interests of humanity, and with a view of ameliorating the condition of those in whom I am interested, and among whom I spend my time and my energies. For what I have to say I invite the careful consideration of other superintendents, and the judicial weighing of educated men, having in view the same object as myself.

Some drift of the position which I desire to take may be gathered from an extract of a letter published in our Annual Report, addressed by me to the visiting justices on the subject of the two cases above referred to.

"I have already explained to you (the visiting justices of the asylum), by word of mouth, that the patients in whom the destructive propensity usually manifests itself are, for the most part, of the class termed general paralytics; that their physical sensations and perceptions are impaired or annihilated; that they besmear them-

selves with their own filth ; that their skins are of an unnaturally high temperature ; that their delusions are of the grand and extravagant kind ; that they will stand or sit the whole of the night naked, with their bedding and clothes heaped in one corner of the room, singing, laughing, gesticulating, and giving every evidence of their own happiness. The only thing which robs them of their pleasurable sensations is restraint. This is why I do not practise it. I have gloved a patient at night to prevent destructiveness, but the result has never been satisfactory. The wrists have been galled by the ceaseless efforts of the patient to free himself, and if he has not destroyed his rugs, he has not used them. The lunatics of an earlier day were chained and manacled—not so much for their violence as their destructiveness. They had straw to lie upon ; and I believe that the playing with the straw was to them a source of infinite amusement—better for them to spend their uncontrollable energies upon than strong rugs and ticken frocks.

“The question, then, really is—How are these cases of destructiveness to be managed ? The worst subjects of this propensity will destroy padded rooms ; shirts and blankets and strong rugs they rip to shreds, and have only their full measure of satisfaction when they have reduced themselves to a state of complete nudity. To gag the mouth, to fasten down the arms, to glove the hands, is at once to distress the patient, and substitute a restraint which is intensely irritating for a freedom which, though seeming to result in a state of things which shocks philanthropy, involves no sort of unhappiness or suffering. This is a conviction which has been forced upon my mind by visiting patients of the kind described at all hours of the night, and conversing with them upon those imaginary pleasures with which their minds are occupied, and by which they are happily blinded to a sense of their own physical degradation. And this is why I have occasionally sanctioned the withdrawal from a patient of his bedding and clothing at one of those periods when his destructiveness has reached its highest point. I have been unwilling to see the county property destroyed night after night, for no sort of purpose.

“In the interview which I had with the Commissioners in Lunacy on the 18th of June, I invited them to give me some suggestions as to the manner of treating such cases as those now under consideration. They say that for patients to be in rooms without bedding or clothing is unheard of in this philanthropic age, and that such circumstances admit of no sort of justification. But it must be known to any commissioner who has been a superintendent of an asylum of any magnitude, that numberless patients are uncovered the whole night—that they will stand up naked or lie upon the bare floor, having heaped their bedding and clothing into one corner of the room, or amused themselves by tearing it to pieces. They con-

dition for themselves, unconsciously, the very surroundings of only seeming discomfort, which have been very rarely and exceptionally ordered in cases of extreme destructiveness. The two states are absolutely identical."

It should be observed that there are two classes of destructive patients. In one there is a state of dermal anæsthesia—diminished, almost annihilated, sensibility—with little or no elevation of temperature. The sense of taste here is also not infrequently destroyed or perverted, as evidenced by patients besmearing themselves with and eating their own excrement. In another class there is heightened sensibility—dermal hyperæsthesia—with great elevation of temperature. In these cases the skin continuously exposed in a room of ordinary or even low temperature retains its elevation.

Experience leads me to the belief that there is a mode of treatment—of a passive but not on that account of an unadaptive kind—specially suited for these perplexing cases. Alluding to this mode, a writer in the 'Medical Times and Gazette' of this week says it was "probably humane, certainly not cruel or unjust. It would have been vastly more cruel to have increased the sufferings of the poor patients by covering them forcibly with clothing which their instincts rejected, and by the adoption of the only possible means of retaining it upon them, namely, bodily restraint. How often does each of ourselves, sane though we be, when restless and hot at night, throw off every article of clothing, except a night-shirt, before we attain the sensation of comfort essential to sleep! How many of us have not been guilty even of walking about our rooms naked as we came into the world, in order to attain the same object? Is a lunatic not to be permitted a similar gratification of a harmless, perhaps beneficial instinct?"

This question exactly expresses the truth and common-sense of this question. Wherever there is a hot hyperæsthetic skin, clothing of any kind is a distressing burden, and self-created nudity is the result, as being alone supportable. We have evidence of this even in recent cases of acute mania.

Eighteen months ago, I admitted into this asylum a young man, well educated and in prosperous circumstances, suffering from a severe attack of acute maniacal excitement. He was brought here in a strait-jacket, having been very violent and threatening. He had a warm bath immediately, with a cold douche to the head, and then took one drachm and a half of Battley's sedative in a pint of beef-tea. He was placed in a padded room, with a shirt on, a mattress on the floor, and ordinary clothing. He continued very noisy, and could be heard jumping about the room, and shouting to the Almighty to deliver him from the flames of hell (a not uncommon supplication where there is a hot hyperæsthetic skin). Upon opening the door, after the lapse of one hour, it was found



that he had torn his shirt to shreds, and heaped his bedding into one corner. His skin was intensely hot and burning, and he was in a state of great excitement. The bedding and clothing were now withdrawn, and a strong ticken shirt, fastening by lock at the back of the neck, was placed upon the patient. In another half hour he had nearly strangled himself in his efforts to draw the shirt over his head. This was now removed likewise, and he was left in a state of nudity. To him the world was not large enough for freedom, and the slightest hindrance to his movements by the contact of clothing was restraint. Three hours later this man was asleep, the first time for more than a week, his friends said, and he did not wake up for five hours. For several days he was in the padded room, but he refused to have any clothing. With his improvement, which began on the fourth day, the temperature and hyperæsthesia of skin diminished, and he had ordinary bedding and clothing. He made a rapid recovery, and left the asylum, expressing his gratitude for the kindness he had received from every one. I remember his speaking to me during his convalescence of his being naked, of the great relief it was to him, and of the terrible insupportableness of his clothes. I have seen cases of this kind over and over again. They are full of interest to those who will suffer themselves to be taught.

Now, if this patient had been seen sleeping in a state of nudity by his friends, or by any clamorous outside humanitarian, this passive treatment would not only have been called in question, but severely censured. We could not have convinced them that this nudity was the very condition which first ensured the sufferer's sleep.

If the perfection of treatment, however, is manifested by its adaptiveness, and by the relief which it affords to the patient, as evidenced by its immediate results, and by his subsequent confession, surely he is a bold man who will question its theoretical and practical soundness. Yet this is not the principle acted upon by those who write with fine pens, in slippers and dressing-gown, that for a lunatic to be naked is barbarous, and that the permission—the official countenance—of such a thing is “inconsistent with the modern and more enlightened system of treating mental disease.”

But we have worse cases than the occasional destructiveness of acute mania to deal with. In some forms of general paralysis there is great and persistent destructiveness, with extravagant delusions, unwillingness to wear any sort of clothing, or to lie under any sort of covering. The expiring energies of life seem to be concentrated upon ripping and tearing everything that comes within reach. Some subjects of this sad disease will at certain times manage to destroy padded rooms, and it is then very difficult to know how to dispose of them. Medical treatment—digitalis, opium, and the wet sheet—will not touch their malady. The hyperæsthesia and preternatural heat of skin are indications as plain as indications can be that the soft

and unirritating wrappings of the atmosphere are the most soothing and adaptive clothing; and the very destructiveness of the patient is confirmatory of this view. He is in the condition of one who enters the hot chamber of a Turkish bath, minus the relief afforded by perspiration, and, like him, is intolerant of clothing. There is another typical member of a great race of the human family to whom likewise he might be compared—"the naked negro panting at the line." To him also would clothing be insupportable misery. And surely if the processes of disease are such as to acutely heighten sensibility and temperature, and develop a condition analogous to that of one at the equator, or in a chamber heated artificially to 130° or 140°, it is obvious that these three states should be met by arrangements in some sense similar, and in every sense comforting. Can the existence of insanity affect the principle which equally underlies the three states alluded to?

In some cases of general paralysis this dermal hyperæsthesia and elevation of temperature are not continuous, but liable to fluctuation; the destructive mania then commonly fluctuates with it. This is very remarkable and confirmatory of the views advanced. The destructiveness is often commensurate with the need of nakedness. It is known also that in other cases sensibility is deadened, and the temperature of the skin is rather depressed than elevated: here warm shirts fastening behind are indicated, to protect the patient, as far as may be possible, from undue exposure. But it seems to me that where this destructive propensity reaches such a pitch as to render it foolish to put a man in a padded room, or to give him any covering, there is only one course open to us which can be called humane, because it is not connected with restraint. A few single dormitories, ranged side by side, and lined with kamptulicon, linoleum, india-rubber, or some other durable yet yielding substance, would constitute soft and pleasant surroundings for a naked patient. These chambers might be heated, when necessary, by a common apparatus, to a temperature varying with the season of the year and the individual requirements of the patients as indicated by the thermometer applied to the skin. Such rooms, well ventilated, and of ample cubic space, would be admirably adapted to dirty and destructive general paralytics, never, in certain stages and types of the disease, in one position, never sleeping, standing up more than ten hours out of twelve. They would be at once the greatest security and the greatest comfort to the patient.

It is not pretended (to recur to the cases which have elicited these remarks) that I had such chambers as these for the patients Hobbs and Harrison. Unfortunately, I had not. And so, under the pressure of short supplies, caused by the coincidence in point of time of much destructiveness on the part of other patients, they were placed in rooms which had no lining to the walls and flooring.

With this only I reproach myself. Not that I believe one moment's suffering was caused to any one by it. I know, indeed, that the happiness of both patients was of the most assured though extravagant kind, and that on no morning after a night of exposure to the atmosphere was there any diminution in the temperature of their skins.

But what I did has given rise to comments which for obvious reasons I regret. It has created an unnecessary panic ; it has given a handle to reckless scribblers of which they have made the most. It has given pain also to all who are interested in the position of this asylum, and specially to the visiting committee, who have throughout this unfortunate business completely exonerated me from the charge of cruelty, and treated me with a kindness and sympathy of which I can never be unmindful.

And yet why do I say "unfortunate"? It will be otherwise, in my judgment, if this clamour should initiate in any asylums such a provision as that which I have above expounded. If the truth be spoken, there are, I suppose, in every county asylum patients of the class we are discussing. I have at this moment, in different stages of their fatal malady, nearly one hundred cases of general paralysis. Besides these there are a number of chronic maniacs, of destructive habits. So that at times the supplies will hardly keep pace with the exigencies of disease, as commonly viewed and regarded.

I repeat, however, that to me these exigencies are not of that material character known as strong rugs and ticken dresses. I have a preference for something which is more humane because unirritating ; more congenial to the feelings of the patients because it never can involve restraint. The most fitting dress is a warm or temperate atmosphere, unseen but yet appreciated, yielding, but ever in closest contact, which winds itself about the surfaces with a soothing tenderness, and permeates every pore with its gentle influences. It is easy to shut up a destructive lunatic at night, and satisfy the requirements of the public by giving him ordinary bedding and clothing. But what advantageth it him if he is left unnoticed till the morning, when he destroyed everything in the first hour of the night? Or how much the better is he if visited and resupplied merely for the same process to be renewed? What purpose is served by such a course? What can justify such unmeaning extravagance? Might not the money so squandered be applied to the provision of a suitable atmospheric clothing which will not tear, and of soft surroundings which cannot be destroyed?

This is what I desire to bring under the notice of my fellow-labourers, the medical superintendents of other asylums. The Commissioners in Lunacy, asked by me in full conclave to give some suggestions as to their views of treatment under these perplexing difficulties, advise me to consult my professional brethren, and are

content to put upon record their disapproval of my views. In this, the literary organ of our Association, therefore, I invite the dispassionate consideration of a subject about which I have been candid and outspoken, and of a treatment which recommends itself to me as above all things humane.

It may be sad, indeed (and the reflection must occur to every mind), to see those who are stamped with the Divine image, and are supposed to be destined for something higher and better in the untried future, reduced so low in the animal scale as to be insensible to all that men commonly regard as decent and proper. But we must be careful that we do not on that account let our sympathy blind us to their actual requirements. The standard of our healthy wants and wishes is not the standard of desires which are irreparably morbid, and of appetites which are hopelessly depraved.

There is a prevalent opinion that the administrative anxieties and responsibilities of medical superintendents of asylums render them specially obnoxious to general paralysis. By a righteous Nemesis (the generous journalists who decry us will say) we are ourselves visited by the very malady which sinks humanity lower than any other, and the worst stages of which we have failed to make less cruel and ungentle to the sufferer. Be it so. We must take our chance both for the disease itself which is to end our mortality, and for the hands which are to conduct us to the confines of the everlasting shore.

## PART II.—REVIEWS.

*Professor Griesinger's Treatise on Mental Pathology and Therapeutics.*

*Die Pathologie und Therapie der Psychischen Krankheiten für Aerzte und Studierende von Dr. W. Griesinger, Professor der Medicin und Director der medicinischen Klinik an der Universität Zürich, Zweite, umgearbeitete und sehr vermehrte Auflage. Stuttgart, 1861, pp. 538.*

In our last number (January, 1867) we published an admirable translation of Professor Griesinger's latest contribution\* to the

\* "An Introductory Lecture read at the Opening of the Clinique for Nervous and Mental Diseases in the Royal Charité in Berlin, 1st May, 1866," by Professor W. Griesinger, M.D. Translated by John Sibbald, M.D. Edin., Medical Superintendent of the Argyll District Asylum. 'Journal of Mental Science,' January, 1867.

study of psychological medicine in the introductory lecture to his clinical course read at Berlin, on the 1st May, 1866.

In this lecture Professor Griesinger enforces strongly the leading idea of his teaching, viz. *that Diseases of the Nervous System form one inseparable whole, of which Mental Diseases are but one variety or species*.<sup>\*</sup> This position is by no means one which has been accepted as a matter of course. It is a scientific acquisition (he writes) only of the present day, the recognition of which will cause great changes, remove many errors, and must open up new developments in all directions.

The publication in English of Professor Griesinger's systematic treatise raises interesting comparisons between the English and German schools of psychological medicine. Practically, we are, at least, fifty years ahead of the German school in our management of the insane, and have much to teach and little to learn from Germany in this regard. The lunatic wards in the *Charité* at Berlin are wretched to a degree. Even the newest asylums in the capitals of Germany, such as that at Vienna or at Munich, present scenes of violence and noise (the fruits of the restraint system) such as would overwhelm in merited disgrace the superintendent of any public asylum in England. Viewed in its practical results, the teaching of the English school—thanks to the labours of John Conolly—has long passed the limits of comparison with that of France or Germany. The public asylums of England—the fruit of Conolly's work, and the undying memorials of his fame—may be objects of imitation to those of France or Germany; they do not admit of comparison. It is difficult fully to portray the broad line of demarcation which lies between the non-restraint and the restraint systems in their results on the treatment of the insane.

\* "A comparatively small proportion of nervous diseases are found in asylums; and they are placed there only from outward considerations of treatment and protection, such as the necessity for separation from the ordinary conditions of life, isolation, occupation, &c. &c. The phase of our specialism in which these alone were recognised as coming within its province has now been passed through, and I believe that the time will soon arrive when only those will be true specialists in psychiatry who survey the whole domain of nervous disease, and cultivate it as widely as possible.

"It has been supposed up to the present time that the study of mental disease was distinguished by some difficulty *sui generis*, and that the study of ordinary medicine had no direct bearing upon it—that the only entrance to psychiatry lay through the dark portals of metaphysics. And yet the other cerebral and nervous diseases which, with the so-called mental diseases, form an inseparable whole, have not, so far as I am aware, been hitherto much elucidated by metaphysics; and in Germany the time has quite passed away when psychiatry could be developed from a specially philosophico-psychological point of view. *Ætiology, diagnosis, prognosis, and therapeutics*, are the departments in which we must seek both our work and, that being successfully accomplished, also our fame. Therapeutics especially derive the greatest advantage from such undivided study of all nervous diseases. Every acquisition in one branch of the subject exerts a beneficial influence upon the whole."—*Lecture, 1866.*

As regards the theory of insanity there may, on the other hand, be two opinions: In our English manual (Bucknill and Tuke) we find very little said as to the seat of mental diseases, and few theoretical discussions on the elementary disorders of insanity or its cause and mode of origin—subjects which occupy nearly half of Professor Griesinger's treatise. Of course, any attempt to connect the physiology of thought with its morbid manifestations must be of interest to the student of psychology. Hitherto such efforts have generally repulsed English readers through their vague obscurity and want of practical results.

Professor Griesinger's efforts in this direction are original contributions to mental pathology, and their publication in English will lead, as it has already done in Germany, to a more scientific and extended study of the nature and theory of insanity.

We shall endeavour, in the following pages, to present a brief analysis of Professor Griesinger's systematic treatise.

The first edition of this work was published at Stuttgart in 1845, when its author taught at Tübingen. The second edition appeared in 1861, during his official connection with the University of Zurich and previous to his recent removal to Berlin. The French translation by M. le Dr. Doumic was published in Paris towards the end of 1865. The work is now being translated in Russia, and the English edition to be published for the New Sydenham Society\* will be ready for distribution early in May.

The work abounds in references to German and French publications on insanity and to papers buried in the different journals. The extent of Professor Griesinger's reading on the subject is very remarkable. In comparing, however, the first edition with this second, one observes that his accurate reading and references have hardly been so well kept up from 1845 to 1865 as during the preparation of the first edition. His knowledge of English psychological literature is unfortunately limited. He has, we have reason to know, a third edition in preparation in which we shall hope to see this shortcoming remedied.

The work is divided into the following five parts :

BOOK I.—*General and Introductory to the Study of Insanity.*

BOOK II.—*The Cause and Mode of Origin of Mental Disease.*

BOOK III.—*The Forms of Mental Disease.*

BOOK IV.—*The Pathology of Mental Disease.*

BOOK V.—*The Prognosis and Treatment of Mental Disease.*

\* The New Sydenham Society. Series for 1867. 1. Griesinger on Mental Diseases.—2. Biennial Retrospect of Medicine and Surgery.—3. Fasciculus of Atlas of Portraits of Skin Diseases.—4. Hebra on Diseases of the Skin. Vol. II.

BOOK I.—The first book consists of five chapters :

CHAPTER I.—On the Seat of Mental Diseases and the Method of their Study.

CHAPTER II.—Preliminary Anatomical Observations.

CHAPTER III.—Preliminary Physio-pathological Observations on Mental Phenomena.

CHAPTER IV.—The Elementary Disorders in Mental Disease.

CHAPTER V.—On Insanity in General.

Commencing his treatise with the inquiry as to the Seat of Mental Diseases—the first step towards a knowledge of the symptoms being their locality—Professor Griesinger definitely takes the position that the seat of Insanity is in the Brain, and that in every case of mental disease we recognise a morbid action of that organ.

The theories of Pfüger and Schiff, which would refer certain phases of mental activity to other parts of the nervous system than the brain, sprang from the sufficiently refuted assumption of the isolated character of the mental faculties.

Professor Griesinger thus clearly states his views of the brain being the seat of insanity :

“Pathology proves as clearly as physiology, that the brain alone can be the seat of normal and abnormal mental action ; that the normal state of the mental process depends upon the integrity of this organ ; and that both together are influenced by the state of the other organs in disease. The invariable and essential symptoms of cerebral diseases may arise from internal causes or external lesions ; may proceed from anomalies of sensation and movement, and, in serious diseases, even from mental disturbance (exaltation or depression of the ideality, loss of self-consciousness, delirium &c.). Cases of less frequent occurrence, where, with serious disorganisation of the brain and loss of brain-substance, no disturbance of the mind is apparent, do not invalidate the results of our everyday experience.\*

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\* Collections of such cases are to be found, as in Longet (*Anat. et Physiol. d. Syst. Nerv.*, Paris, 1842, i, p. 670). With reference to most of these and other similar cases with which we are acquainted, different opinions may be held. In almost all, intelligence, in the narrow sense of the word, is alone considered ; the circumstances of disposition and will are entirely overlooked ; and even to the intelligence but slight tests are applied to prove its integrity, such as the answering of simple medical questions. In none of these observations has the intelligence been tested in its full extent, and in many, particularly in all hospital cases, a comparison of the mental condition after the disease or loss of substance with the earlier state was absolutely impossible. All nicer distinctions, therefore, cannot be considered. Notwithstanding, it must be admitted that there *may* be disease and loss of brain, and yet no appreciable disturbance of the mental life. Very much depends upon the seat of the disease ; all parts of the brain do not stand in the same close relation to the mental functions ; some stand much more in relation to muscular movement (Pons, Thalami, &c.). Further, with the brain, as with all other bilateral organs, it is highly probable that a compensation is made by the remaining healthy half (see § 15). Lastly, we frequently find limited anatomical lesions in other important organs without any striking functional derangement (chronic gastric ulcer, pleuritic adhesions, tubercle, &c.) ; and loss of substance (through gangrene) has likewise been observed, as in the lungs or in the bowels,

If, then, insanity be only a complication of symptoms of various morbid states of the brain, the question might be asked, whether its special study apart from that of the other diseases of the brain can be justified, or whether mental pathology should not rather always accompany cerebral pathology?

To this question Professor Griesinger gives the following reply :

"Although at some more distant period this may perhaps be looked for, any attempt at such a combination would at present be premature and quite impracticable. If the intimate fundamental union which exists between insanity and the other cerebral diseases be only constantly kept in view,—if in the one, as in the other group, the same exact anatomical physiological method be as far as possible pursued,—cerebral pathology will not be retarded, but rather advanced, by the formal specialising and monographical elaboration of these diseases classified according to their symptoms. As psychiatry must assert the position so lately obtained for it—as a part of cerebral pathology, and as several of its practical phases, asylum economy, its medico-legal bearings, &c., invest it with an extent and character peculiar to itself, which under all circumstances, even when viewed as a part of cerebral pathology, keep it distinct, any attempt to obliterate that distinction would at present be still less justifiable.

Thus the study of mental disease must be a study of physical phenomena, and although we are quite unable to connect the mental symptoms with direct changes of cerebral structure, we have learnt enough to know that in that path alone can we hope to attain definite progress.

The *second* and *third* chapters are occupied with a consideration of the anatomy and physiology of the nervous system. They are the hardest chapters in the book, and mark a definite advance in the study of mental physiology.

In the *fourth* chapter Professor Griesinger passes to the general consideration of the elementary disorders in mental disease. These he divides into

#### I. *Elementary Intellectual Disorders.*

1. Anomalies of sentiment (emotional disorders).
2. Anomalies of thought (intellectual disorders).
  - a. Formal deviations (confusion of ideas ; loss of memory, &c.).
  - b. Perversions of thought (false ideas, delusions, &c.).
3. Anomalies of the will (absence of volition, morbid impulses, &c.).

#### II. *Elementary Disorders of Sensation.*

1. Anomalies of sensibility, anæsthesias, &c.
2. Hallucinations and illusions of sight, hearing, &c.

#### III. *Elementary Disorders of Movement.*

The cataleptic, epileptic, and paralytic states.

where, after recovery, the process of respiration or of digestion proceeded without apparent interruption. Such facts, however, would not readily be admitted in opposition to the tenet, that the lungs are the organs of respiration, and that digestion takes place in the bowels.



I. *Elementary Intellectual Disorders*.—*a. Anomalies of sentiment*.—Dr. Bucknill, many years ago, in the 'British and Foreign Medico-Chirurgical Review,' pointed out the emotional origin of insanity. Professor Griesinger teaches a similar doctrine. The following paragraph is a fair sample of his method of argument :

"Observation shows that the great majority of mental diseases are first manifested, not by senseless discourse or extreme acts, but by morbid changes of disposition, anomalies of the self-sensation and the sentiments, and consequent emotional states. And, indeed, the earliest stages of insanity generally consist in an aimless feeling of ill-humour, discomfort, oppression, and anxiety, owing to the fact that the new groups of ideas and instincts resulting from the cerebral affection are usually at first exceedingly obscure. On this account the disturbance of the normal process of thought and will, and the new mental states obtruding on the *ego*, are first felt simply as vague modifications of the sentiment and disposition. The diminished power and energy of the *ego*, the contraction of its sphere of ideas, produces an indefinite state of mental pain, and, from its vagueness, great irritation of the feelings. The new morbid perceptions and instincts produce divisions of the mind, a feeling of division of the personality, and of imminent annihilation of the *ego*. The mental pain discovers itself in some of the familiar forms of agitation, anxiety, sadness, and entails all the forementioned consequences of a radically changed reaction towards the external world, and of a disturbance in the motory function of the mind. Perversions of the natural feelings, aversion and hate towards those formerly loved, outward insensibility, or a morbid fondness clinging to a single object, but without the depth and tenderness of the normal sensation, and subject to rapid and capricious changes, are here ordinary appearances. The increased sensibility involves everything, because, indeed, it is painfully affected by everything, and, from the mournful complexion that pervades all his views and opinions, the individual puts an evil interpretation upon everything present, and discovers in the future nothing but evil. Distrust and suspicion are engendered by the feeling of diminished power of resistance, and are constantly excited by bodily feelings of anxiety. Everything appears strange to him, because he acts strangely towards every mental impression, because he himself feels altered, and he feels a strong inclination to ascribe his condition sometimes to the direct influence of the outer world—to believe that he is pursued, influenced, charmed, governed by secret influences—and at others to refer to his former life for the causes, and to accuse himself of a variety of serious crimes, depravities, and misdeeds, of which his present position is the necessary consequence.

*b. Anomalies of thought*.—These are divided into (1), formal deviations ; (2), perversions of thought. Formal deviations of thought are evidenced either by general loss of coherence or more or less deficiency of certain elements, as memory. The former exists in chronic mania, the latter in dementia.

Perversions of thought. All mental disease tends to intellectual disorder or perversions of thought, whether in its earlier stage it be characterised by emotional disorder, or mental weakness, or loss of certain intellectual powers. Professor Griesinger is happy in his explanations of the mode in which intellectual disorder (perversions of thought) arise in the insane.

"The false ideas (he says) and conclusions, which are attempts at explanation and vindications of the actual disposition in its effects, are spontaneously developed in the diseased mind according to the law of causality; on the part of the individual the explanations do not imply reflection, still less are such conclusions formed by the tedious form of syllogism. At first the delirious conceptions are fleeting; the *I* perceives them, it may be terrified by them, acknowledge their absurdity, and yet feel quite unable to rid itself of them, and struggles with them; gradually, by continued repetition, they gain more body and form, repel opposing ideas and form connections with similar masses of perceptions of the *I*; then they become constituent parts of it, and the patient cannot divest himself of them, or only in some degree by exchange with similar false perceptions. The excited, lively, and happy insane ideas are naturally received by the *I* much more easily and completely; it yields to them after a short resistance, and then it occasionally gives itself over to the insane perceptions, half-conscious imagination in a world of happy dreams arises.

"All false ideas, however, are not to be considered as thus explicable; many originate with the fortuitous abruptness of hallucinations, or of those peculiar quaint thoughts which often spontaneously intrude on the healthy mind during its most earnest employment. They often originate simply from phantasms of sense, dreams, owing to external circumstances; their persistence depends on the present disposition of the patient, and whether in the present perceptions any material for connection is found. We will find, on careful attention, that many such ideas in the insane are related to hallucinations, which, however, do not clearly show themselves."

*c. Anomalies of the will.*—Volitional disturbance is a marked element of intellectual disorder, and we observe at one time entire suspension of the will; at another, its uncontrolled exercise with increased energy. The power of the insane to control volition is a question often debated.

The following is Professor Griesinger's judgment on this point :

"Whether, and to what extent, certain directions of the will and impulses in the insane, particularly such as lead to criminal acts, are irresistible, is a question which can scarcely ever be answered with certainty. Few of the acts of the insane have the character of forced, purely automatic movements; in mania also, according to the testimony of individuals who have recovered, many of the wild desires could often be restrained; the criminal deeds of the insane are not generally instinctive. The loss of free will (or, if we choose, irresponsibility), therefore, seldom depends on the fact of inability to have abstained from the act committed, or that the normal conditions of volition have been completely suspended. The causes of this loss of free will chiefly depend on quite a different cause, they depend on violent excitation of the emotions, or on incoherence, on false reasoning proceeding from delirious conceptions, hallucinations, &c.

II. *Elementary disorders of sensation.*—These consist in anomalies of sensibility (anæsthesias, &c.), and of hallucinations and illusions. The latter are by far the most important. By hallucinations, according to Professor Griesinger, we understand subjective sensorial images, which, however, are projected outwards, and

thereby become, apparently, objects and realities. By an illusion is meant the false interpretation of an external object. It is an hallucination when I see human forms while in reality no man is near, or hear a voice which has not spoken; it is an illusion when I take a bright cloud in the heavens for a fiery chariot, or when I believe that I see an old friend when a stranger walks into the room. In hallucination there is no external objects, it is a false sensation; an illusion is a false construction, a transformation of a peripheral sensation.

Hallucinations may occur in all the senses, in the senses of sight, hearing, smell, taste, and cutaneous sensibility. Professor Griesinger states the following to be the causes of their origin:—

“(1) Local disease of an organ of sense may become the source of sensorial delirium; therefore it is always necessary minutely to examine the patient in this respect.

“(2) All states of deep exhaustion, whether of mind or of body, appear to favour the development of hallucinations. As, in former times, the strong asceticism from religious motives was a cause of numerous hallucinations, so at the present time we very frequently see the sensorial delirium coming on after inanition, prolonged fasting, or other exhausting cause, great mental fatigue, &c. This is particularly favoured by one-sided mental concentration, by superstitious ideas when fervently maintained (Benvenuto Cellini, many devils and religious visions).

“(3) The morbid emotional states from which insanity so frequently originates evoke hallucinations and illusions in the same manner as the analogous states in health, fear, fright, &c., obscure the sensorial perception and awaken new and false sensorial images.

“(4) Outward calm and stillness favour hallucinations, and the production of hallucinations between sleeping and waking is a circumstance of special importance.

“(5) Certain poisons and substances used in medicine can very effectually call forth hallucinations, especially the preparations of hemp, belladonna, stramonium, &c.”

III. *Elementary disorders of movement.*—Under this third head Professor Griesinger includes the remaining forms of so-called insanity—the cataleptic, epileptic, and paralytic states.

The last chapter of Book I treats of Insanity in general; of—

a. *The analogies of insanity.*

b. *The general diagnosis of mental disease.*

The analogy of insanity to dreams and to the delirium of fever is more pressed by Professor Griesinger than we are disposed to admit. We rather concur with Georget in regarding the delirium of fever and mental disease as specifically different.

As regards the diagnosis of insanity Professor Griesinger gives six *criteria* from which an individual may be pronounced insane.

(1). The chief point is invariably this—that, in the great majority

of cases, there appears with the mental disease a change in the mental disposition of the patient in his sentiments, desires, habits, conduct, and opinions. He is no more the same; his former *ego* becomes changed; he becomes estranged from himself.

(2). Should the consequent change in the habits of the patient or the suspected exaggeration of certain phases of his individuality have occurred under circumstances which, according to experience, may be viewed as causes of insanity, or if the individual has been so situated as to be exposed to important exciting causes, we can, with still greater confidence, pronounce his state to be one of mental disease. Hereditary predisposition, nervous constitution, injuries to the head, dissipation, hysteria, epilepsy, may be mentioned as examples of the most important predisposing causes; while disappointment, fright, acute disease, the puerperal state, are amongst the most frequent exciting causes.

(3). The *symptoms* of mental diseases consist only to a small extent of definite, isolated, and unmistakeable morbid appearances, and never in any case of directly palpable and physical signs. They depend essentially on the interpretation of the mental acts by an observer acquainted with disorders of the mental functions and their modes of expression. Two individuals may say and do the same thing; for example, they may express their belief in witchcraft, or the fear of being eternally lost; the intelligent observer would declare the one to be healthy and the other to be insane. This judgment is come to by a consideration of all the accompanying circumstances, and from a knowledge gained by experience of the various forms of insanity and their accompanying phenomena.

(4). Symptoms of bodily disease ascertained by the state of the pulse, the digestion, the secretions, &c., cannot naturally, in any case, be taken as proofs of mental disease; the diagnosis depends essentially and exclusively on the mental symptoms. Nevertheless, those symptoms of diseases in other parts may be of great value.

(5). From the physiognomy, gestures, words, and actions of an individual, we learn the essential symptoms, those of the mental state. But there are cases where the external signs mislead, as the insanity is sometimes simulated, or—but not so frequently—feigned. When dissimulation is suspected, the following circumstances should especially be considered. The simulator, if he does not possess special psychiatric knowledge, very seldom succeeds in correctly feigning the symptoms of any one form of mental disease. He generally mixes the appearances of several forms with each other, so that an unnatural representation of disease is offered. Moreover, he usually overdoes the phenomena of mental disturbance. He believes that all must be reversed; instead of giving expression to delirious conceptions, he talks absurdly, and conducts himself as if, in insanity, the greater part of the intelligence and of the memory

must be disturbed; acts as if he could no longer count, read, write, or tell his name, &c.

(6). Simulation excluded, Professor Griesinger dwells, lastly on the difficulty which remains of accurately determining whether after all a man be sane or insane?

"The question (he says) whether mentally diseased or not? is by no means a correct one. There are no well-marked boundaries between health and disease in general; there is, in mental as in other pathology, an intermediate territory of disorder which is not yet fully developed disease, and where the individual still exhibits many of the characteristics of health. Is not this the case with the simplest bodily troubles? Where is the exact point at which we pronounce a man blind? Only where there is absolutely no appearance of light? Or, who is dumb? Who is dropsical? The individual who has the slightest trace of œdema? If not, where does the limit of dropsy commence? When there are extremes, all are agreed. When the degrees are slight, we may even argue whether these signs may be taken into consideration in the case.

"In mental medicine, however, many medico-legal cases fall within this category; for example, of deeds done in passion by persons habitually moody, and those of weak intellect—of habitual moderate excitement, or of perversion with temporary distraction, of drunkenness, hysteria, &c.; cases of which it must ordinarily be said that the individuals are not in a healthy mental state, but the marks of definite mental disease cannot be clearly discovered; therefore it is more probable than certain that their actions are regulated, or at least greatly influenced, by morbid organic causes. In the mode in which these actions are expressed there is, indeed, no marked line of distinction between eccentricity, passion, perversity of desire, dulness of sentiment, and mental disease; there is no constant sign from which we can tell whether those states result entirely from organic disease (morbid), or only partially from such, or whether they exist without organic influence, as original traits of character, or as the hereditary results of the psychical individuality. All existing phenomena of cerebral disorder, hallucinations, paralysis, &c., and all physical morbid appearances, are here of special value."

**BOOK II.**—The second book treats at great length of THE CAUSES AND MODE OF ORIGIN OF MENTAL DISEASE. The causes are divided into general predisposing causes and special predisposing causes. They are thus defined by Professor Griesinger:

"Under the head of causes in mental as in general pathology are understood all the different classes of circumstances to which may be ascribed an influence on the development of the disease, although their mode of connection may be variously exhibited. The causes comprehend, on the one hand, the external circumstances (nationality, climate, season of the year) under the influence of which insanity is generally, with more or less frequency, observed; on the other hand, they signify certain external injuries (sun-stroke, wounds of the head, of which insanity is frequently a consequence; finally, they comprehend certain internal states dependent on the organism itself (hereditary disposition, previous disease, or other general disturbance of the organic mechanism, such as disease of the lungs, the genital organs, &c.) which we know by experience have an influence in the development of insanity. In very many of these circumstances the intimate connection between them and the influences ascribed to them, the mode in which from

them the mental disease is developed, is scarcely ever or not at all evident. The conclusion *post hoc ergo propter hoc* depends, therefore, on a simply empirical (statistical) knowledge of the fact that these particular circumstances (for example, hereditary disposition, very frequently coincide with, or precede, the commencement of the insanity. In other of these so-called causes, their mode of action, the manner in which, in consequence of them, the disease is established, can be comprehended. But the province of *etiology* in the narrow sense is only to enumerate empirically the known circumstances of causation; it belongs to *pathology* to explain the physiological connection between cause and effect, to show the particular mechanical act by means of which insanity is induced through a given circumstance (for example, excessive depressing emotion, heart-disease, &c.), a task towards which we have hitherto done little more than prepare the way."

The whole subject of the causation of mental disease is admirably treated throughout this second book. Professor Griesinger passes in review the predisposing and exciting causes illustrating each section with a mass of observation and reading on the phenomena of insanity, such as one would in vain look for elsewhere. This subject occupies from p. 127 to p. 205 of the English translation of his work. Our limits prevent our following out the detail treatment of this question by Professor Griesinger. We conclude our present observations on this work with the following extract, in which he briefly sums up the result of his investigation into the causes of insanity:—"From this enumeration of the causes of insanity (he writes) the general doctrine may have been deduced that everything which lowers the nutrition, all true states of weakness, and further that all circumstances which over-excite the nervous system, which favour congestion of the nervous centres—in short, all which have as a result the development and fixing of the nervous constitution, may become causes of insanity. We shall again revert to this subject when we come to speak of the treatment of mental diseases."

(To be continued.)

*Modern Culture: its true aims and requirements. A series of Addresses and Arguments on the Claims of Scientific Education.*

Edited by EDWARD L. YOUMANS, M.D. Macmillan and Co., 1867.

WHAT kind of culture the growing mind of the nation shall have is without doubt one of the most important questions which can rise for consideration. The neglect of science in the prevailing system of education, and the undue time and labour bestowed on the study

of the dead languages, produce evil consequences which would have long since arrested attention, were it not that the majority of men regard as the greatest evil any change from the accustomed routine of thought and practice. By bringing together the opinions of eminent scientific men, regarding education, such as Faraday, Paget, Daubeny, Tyndall, &c., as for the most part contained in lectures delivered by them, Dr. Youmans has done a very useful work. Professor Tyndall lectures on the study of physics; Dr. Daubeny on the study of chemistry; Professor Henfrey on the study of botany; Professor Huxley on the study of zoology; Mr. Paget on the study of physiology; Dr. Whewell on the educational history of science; Faraday on the education of the judgment; Dr. Hodgson on the study of economic science. A fragment from an essay by Mr. Herbert Spencer deals with the subject of political education; Professor Masson treats of college education and self-education; while the editor himself contributes a philosophical lecture on the scientific study of human nature. After pointing out the emptiness of the metaphysical method of studying of mind, he says—

“Sufficient, I trust, has now been said to show that mental operations are so inextricably interwoven with corporeal actions, that to study them successfully apart is altogether impossible. The mental life and the bodily life are manifestations of the same organism, growing together, fluctuating together, declining together. They depend upon common laws, which must be investigated by a common method; and science, in unravelling the mysteries of the body, has thrown important light upon the workings of the mind. It only remains now to point out, that when subjected to the Baconian test of “fruitfulness”—of practical application to the emergencies of experience—the scientific method of regarding human nature, incomplete as it may be, already stands in marked contrast to the proverbial barrenness of the old metaphysics.

“One of the gloomiest chapters of man’s social history is that which records the treatment of the insane. Those upon whom had fallen the heaviest calamity possible in life were looked upon with horror, as accursed of God, and treated with a degree of cruelty which seems now incredible. Asylums were dark and dismal jails, where their inmates were left in cold, hunger, and filth, to be chained and lashed at the caprice of savage keepers. And this barbarism continued in countries claiming to be enlightened, down to the middle of the present century. Let me mention a solitary instance, of which the literature of the subject is full.

“Said Dr. Conolly, in a lecture in 1847—‘It was in the female infirmary at Hanwell, exactly seven years ago, that I found, among other examples of forgetfulness of what was due either to the sick or insane, a young woman lying in a crib, bound to the middle of it by a strap around the waist, to the sides of it by the hands, to the foot of it by the ankles, and to the head of it by the neck; she also had her hands in the hard leathern terminations of canvas sleeves. She could not turn, nor lie on her side, nor lift her hand to her face, and her appearance was miserable beyond the power of words to describe. That she was almost always wet and dirty it is scarcely necessary to say. But the principal point I wish to illustrate by mentioning this case is, that it was a feeble and sick woman who was thus treated. At that very time her whole skin was covered with neglected scabies, and she was suffering all the tortures of a large and deep-seated abscess of the breast.’

"'Again,' he remarks, 'old and young men and women, the frantic and the melancholy, were treated worse, and more neglected than the beasts of the field. The cells of an asylum resembled the dens of a squalid menagerie; the straw was raked out, and the food was thrown in through the bars, and exhibitions of madness were witnessed which are no longer to be found, because they were not the simple product of malady, but of malady aggravated by mismanagement.'

"Now these statements represent a condition of things as old as history, and we are called upon to account for it. Granting that the insane were dangerous, and required restraint, and granting all that may be urged concerning the barbarity of the times, we have yet to find the cause of the apparently gratuitous ferocity of which they were the victims; and this we do find in the legitimate consequences of the prevailing theory of human nature. The ancient philosophy taught that the body is to be despised, degraded, renounced. This view was adopted by theology, and thrown into a concrete and dramatic shape, which made it more capable of vivid realisation by the multitude. It pronounced the body to be 'a sink of iniquity,' 'the intrenchment of Satan,' a fit residence for demons. The lunatic was one who had incurred Divine displeasure, and was given over to the powers of darkness, by whom he was 'possessed.' This doctrine, of which witchcraft was one of the developments, abundantly explains the attitude of society towards the victims of mental disorder. What more suitable than dungeons, scourgings, and tortures for the detested wretch, who was thus manifestly forsaken of God, and delivered over to the Devil? The merciless brute who inflicted untold sufferings upon these unhappy beings deemed himself, like the inquisitor, but an instrument for executing the will of Heaven.

"It availed nothing that, for thousands of years, there had been a broad current of intense and powerful thought in the channels of poetry, polemics, oratory, philosophy, politics, theology, and devotion. All this multifarious culture was powerless to arrest the evil consequences of a radically erroneous view of human nature, for the simple reason that the discovery of truth was not among its objects. It was only when a class of men, participating in the new spirit of modern times, and drawn to the investigation by the necessities of their profession, entered earnestly upon the study of the body, that views were reached which have revolutionised and humanised the treatment of the insane. Discovering that the mind is dependent upon the organism, and that its disordered manifestations are the results of organic derangement, they found that insanity is not a devil to be exorcised, but a disease to be cured. After a sharp struggle with popular ignorance and traditional prejudice, the better views have triumphed, and society is beginning to reap the beneficent consequences of their labours; the stern and violent measures, that served but to aggravate the malady, have given place to gentle and kindly treatment, which is found to be of itself a most potent means of restoration.

"The management of the idiotic, or feeble-minded, equally illustrates the argument. Throughout the past no movement was made for the relief of this wretched class, and no one dreamed that anything could be done for them; but the progress of physiology has made a new revelation in this field also. Dr. Edward Seguin, in his remarkable work upon 'The Treatment of Idiocy by the Physiological Method,' observes: "Idiots could not be educated by the methods, nor cured by the treatment, practised prior to 1837; but most idiots, and children proximate to them, may be relieved, in a more or less complete measure, of their disabilities by the physiological mode of education.

"These facts have a profound significance. They not only show that to be *practicable* which the world had never suspected to be *possible*, and that



science is true to her beneficent mission in the higher sphere as well as in the lower; they not only show that a change of method in the study of human nature ended some of the grossest barbarisms of the past, but they involve this deeper result—that by reaching a knowledge of the true causes of insanity and imbecility, we gain command of the means of their prevention, and arrive at the principles of mental hygiene.”

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### PART III.—QUARTERLY REPORT ON THE PROGRESS OF PSYCHOLOGICAL MEDICINE.

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#### I.—*German Psychological Literature.*

By JOHN SIBBALD, M.D. Edin., Medical Superintendent  
of the District Asylum for Argyllshire.

*Zeitschrift für Psychiatrie*, vols. xxi, xxii.—“On the Influence of Intermittent Fever on Insanity,” Dr. W. Nasse; “On the Retention of Memory in Insanity,” Dr. C. Pelman; “On the Results of Treatment at Gheel,” Dr. F. Wiedemeister; “Contribution to the Knowledge of doubtful Morbid Conditions of the Mind,” Dr. Wille; “Cold Bathing in Cases of Insanity,” Professor Albers, Dr. Finkelnburg; “Insanity resulting from the presence of *Echinococci* in the Brain,” Dr. Knoch; “*Tabes Dorsalis* and Paralysis *universalis progressiva*,” Dr. Westphal; “the Treatment of Melancholia with Opium,” Dr. Tigges; “A Simple Instrument for determining differences in the Size of the Pupil,” Dr. F. Obernier; “the Development of Grey Cerebral Substance in the Walls of the Lateral Ventricles,” Dr. Meschede; “Hereditary Tendency in Insanity,” Dr. Jung; “Typhus in the Insane,” Dr. Wille; “A New System of Measurement of the Head,” Dr. F. Obernier; “A Contribution to the Subject of Diminished Responsibility,” Dr. Flemming; “Insanity connected with Hydrocephalus,” Prof. Albers; “Cretaceous Tumours in the Insane,” L. H. Ripping; “Statistics of the Asylum for Curables and Incurables at Halle,” Dr. Damerow.

*On the Influence of Intermittent Fever on Insanity.*—Dr. Nasse, of Siegburg, discusses the supposed favorable influence of intermittent fever on the progress of insanity, which has especially been maintained by Koster. He details seventy-six cases of this disease occurring in connection with insanity, which he had observed during

nine years and a half which he spent at the Sachsenberg Asylum. In eight of these cases recovery had already taken place before the fever occurred, and no recurrence of the mental symptoms took place. In two cases recovery began immediately after the attack of intermittent fever, and rapidly became complete; in 3 this fever was followed by lasting improvement; in 14 there was an improvement which, though not altogether permanent, continued for a considerable time after the fever had subsided, and in 7 there was an improvement which only lasted during the entire course of the fever; so that, in all, there were 26 cases in which a favorable change accompanied the attack. In 39 cases, however, no result appeared to be produced, and in 3 the febrile condition was followed by unfavorable mental symptoms. These statistics fall far behind those of Koster in testifying to the supposed curative influence. In his statement he gives, out of 24 cases, 7 as recovered, 7 as improved, and only 10 as having received no benefit. But it must be observed that a detailed comparison of the two lists shows this important peculiarity in Koster's cases, that the great majority belong to the primary forms of mental derangement—melancholia, mania, and moria. Besides 10 purely primary cases, 8 are cases of melancholia or mania, with weakening of intellect (*Schwachsinn*) or hallucinations, so that only a few cases of secondary forms of insanity remain. On the other hand, only 8 of Nasse's cases were labouring under melancholia or mania, and the remainder were, for the most part, in advanced stages of secondary insanity. Recovery or decided improvement occurred specially in the melancholia and maniacal forms; in 2 cases of acute mania, 2 of melancholia, and 1 of delusional insanity with hallucinations. That there is no insuperable obstacle in the nature of the last-mentioned to the reception of favorable influence from the fever is shown by several observations both of Koster and Nasse. The total number of cases in which the latter observed a favorable effect of the fever were in

3 out of 4 cases of melancholia.			
3	"	4	" mania.
8	"	25	" delusional insanity (generally with hallucinations).
11	"	26	" chronic mania, and secondary dementia.
1	"	5	" paralytic dementia.
—	"	5	" epileptic insanity.

It might have been assumed *à priori* that the previous duration of the insanity would bear an important relation to the favorable or unfavorable effect of the fever. Accordingly, we find that the recoveries and decided ameliorations which Koster has reported occurred in cases which were nearly all of less than two years' duration; and in Nasse's similarly favorable cases, only 1 had lasted longer than two years. In all the 26 cases in which any favorable result was observed, only 4 had been longer than five years insane;

6 were less than two years, and the durations of the other 16 were between two and five years. From these considerations Dr. Nasse thinks it must be allowed that neither the form nor the duration of the insanity affords any certain criterion by which we may judge of the effect which will be produced by the fever; but he believes that, in the primary forms with short duration, a proportionally favorable prognosis may be given in regard to the psychical results of the supervention of the intermittent. These cases may, at least, be considered favorable, as among 18 cases (Koster) of melancholia and mania partly complicated with hallucinations and weakened intellect, 14, or 78 per cent., recovered or decidedly improved; and among 8 such cases (Nasse) 4 were very favorably influenced, making 69 per cent. if we take the data of both observers together. The conditions necessary to permit of the beneficial influence of the fever probably consist in the special physical state of the patient. Indeed, Koster suspects that favorable results are produced only in those cases where the cerebral affection is only functional, and particularly in sympathetic affections depending on lesions of the abdominal organs. Nasse, though doubting the particular conclusion as to the influence of abdominal lesions, agrees as might be expected in the belief that functional affections are most likely to be ameliorated. He has endeavoured to classify those of his own cases in which the distinction between functional and organic diseases could be made, and he finds that one third were idiopathic affections depending on primary disease of the brain, and that two thirds were sympathetic cerebral derangements. Of the latter, a part were to be referred to lesions, not of the abdominal organs strictly so called, but of the genital system and also of the thoracic viscera. He also remarks that in one case of sympathetic derangement due to an abdominal lesion no change was produced by the fever.

A recent French writer, M. Girard, who mentions an instance of the beneficial effect of intermittent fever, supposes that it may be explained as the substitution of one neurosis for another. Nasse contends that we must look for the explanation in the effect on the circulation of blood in the brain. The abnormal condition of this circulation has, especially of late years, been regarded as of great importance in regard to mental derangement; and it is probable that the chronic forms of depression and debility with which such derangement is associated, are connected with impeded and slow circulation in the cerebral vessels (passive hyperæmia of the membranes, anæmia of the brain-substance, &c.). It is also well known that in those forms of mental derangement which are accompanied by apparent physical health, the action of the heart and vessels is usually distinguished by remarkable slowness and want of power. In intermittent fever, however, there is a strong and sudden excite-

ment of vascular action, and a revolution in the general circulation which must have an influence on the circulation in the brain. The strongly-marked symptoms of congestion of the head almost always to be observed in those suffering from intermittent are shared in by the cerebral circulation, as is shown by the profuse epistaxis which has been observed to occur during that fever. Girard and Amelung mention the occurrence of epistaxis in both the cases in which they saw recovery from insanity follow the attack of intermittent; and Nasse reports that heat, redness, and pain in the head with giddiness and acute delirium were usually observed in similar cases. It is, therefore, probable that, with the acceleration of the general circulation, there may also be the removal of partial and old stagnations, and a sudden addition of new blood increasing not only the general quantity but improving its quality, and that thus the function of the part of the brain which had been impeded by the slowness or insufficiency of its supply of blood might have undergone a kind of revivification. Special benefit might also be expected from the frequent recurrence of this acceleration in chronic interruptions of the circulation associated with torpidity; and as the vessels are repeatedly gorged and emptied in the course of intermittent fever, more advantage may be expected from it than from acute inflammations. Of thirteen cases of erysipelas of the head and face mentioned by Nasse, none showed any favorable change in the mental condition, although three were cases of recent melancholia; nor has he observed any improvement during the course of many cases of pneumonia occurring among the insane. The assertion has been made by Berthier\* that every fever had a remarkable effect on insanity, and that in conditions of mental excitement an improvement of some duration is produced; while in melancholia and in insanity complicated with paralysis an injurious effect is produced. In Nasse's cases, however, there were several cases of melancholia among those improved and cured, and in one paralytic distinct improvement took place.

*The Retention of Memory in different Forms of Insanity.*—This subject is considered in a long paper by Dr. C. Pelman, Assistant-Physician to the Asylum at Görlitz. As it consists chiefly of the details of cases observed by himself or already published by other writers, it is impossible to present a satisfactory abstract of its contents. He classifies those cases in which loss of memory is observed into three divisions. The first includes those conditions which are analogous in their nature to dreams, in which the mental action does not reach the condition of consciousness or waking life. The second includes those cases in which the mental action is so exalted that

\* 'Annal. Medico-Psych.,' 1861, vii, 1.

ideas follow one another in such rapid succession that they do not exist for a sufficient length of time to permit of their being preserved for reproduction. And the third consists of those in which loss of memory is occasioned by physical changes in the brain, as in cases of paralysis.

*On the Results of Treatment at Gheel as regards the cure of Patients.*—In this paper Dr. F. Wiedemeister, of Hildesheim, compares the statistics of recoveries and deaths in Gheel with those obtained in the asylums of Hildesheim, Vienna, Illenau, and Siegburg. As regards recoveries, he shows that the proportion of recoveries to the admissions in these asylums is considerably greater than appears from the statistics of Gheel; but the value of his inferences is seriously affected by his omitting to make allowance for the large number of incurable cases which are received at the latter place. And he calculates the deaths in relation to the number of admissions instead of the average number resident, which necessarily leads him again to very false conclusions. In consequence of these mistakes, the advocates of the family system need not be alarmed at the opinion which he expresses, that "Gheel presents great probabilities that a patient will find his grave there within two years, and little hope that he will be cured." The subject is more fully treated in another part of the present number of this Journal.

*Contribution to our knowledge of Morbid Conditions of the Mind.*—Dr. Wille, formerly of Goeppingen, relates an interesting instance of attempted homicide by a man, the nature of whose insanity was not ascertained with certainty for a considerable time after the commission of the assault. "On the evening of the 7th of August, A. A—, without having exchanged words with D—, his neighbour, or having had any quarrel with him, entered his chamber and struck him on the head with a hatchet, and thus an injury to the head and concussion of the brain were occasioned, which threatened to be seriously dangerous. The perpetrator fled after the commission of the deed, but was taken by the police the same night. As the local authorities considered that the assault was committed during a temporary aberration of mind, on account of the general character of the man and the circumstances of the deed, he was subjected to medico-legal examination." The following was the medico-legal opinion:—"A— suffers from a melancholic disturbance of the mind, which is not of recent origin. This permanent condition is accompanied by transitory, but frequently recurring, more or less violent determination of blood to the head, which reveals itself unmistakably, and has a decided influence on the manifestations of melancholia. In short, he is at the time not only mentally, but also physically ill; he is in the stage of melancholic derangement

which is manifested not by gloomy stupor, but by alternations of tranquil, moody derangement, with attacks of exaltation, and approaches to actual acute mania. During these attacks the power of rational self-control is absent, and in the intervals very circumscribed."

In consequence of this opinion he was placed in the district hospital, where he remained ten days, after which he was removed to the asylum. According to the more detailed information which was then obtained, he appears to have been a quiet, industrious, working man, of infinite good humour, with no disposition to injure any one. He was fonder of church than of the public-house, avoided quarrels, and occupied himself much with the Bible and religious subjects. His house was well ordered, and he was suitably married. At school his conduct and progress were satisfactory, and at eighteen years of age, when he finished his apprenticeship as a carpenter, he joined a strict religious sect. When he went from home to improve himself as a tradesman, he sent home his savings to his aged parents. He continued always to be a diligent attendant at all religious exercises, and conducted himself with the greatest propriety. In preaching, as he occasionally did, he showed great knowledge of the Bible, and skill in expounding it. His grandmother, a paternal aunt, and another relation, are said to have suffered from insanity.

The mental derangement dated from the year 1860, although it was never subjected to medical treatment, as his friends did not wish it to be known. Besides his relatives, however, others testified to his derangement, and said that he had intervals during which he was perfectly sane. In the above-mentioned year he attempted to cure a boy of certain attacks of chorea under which he laboured, by means of prayer, as the attacks were ascribed to demoniacal possession. When he saw the fruitlessness of his exertions, he became thoughtful and moody, and felt so miserable and restless that he often broke out into moaning and weeping. From this time forward he occupied himself greatly with mystical and superstitious notions, and in 1862 he is said to have preached publicly at a place in the neighbourhood. Some time before the critical event he had to prepare a wooden hut in the neighbourhood. Against the wish of his family he walked to and from his work, a distance of seven miles, instead of going by railway, and did a heavy day's work besides. This occurred at the hottest season of the year. Thus far he had shown no other traces of mental aberration than the moanings and internal disquietude. It was on the evening of the 7th of August, as mentioned before, that the event occurred which was so little anticipated. The family was seated at supper when he entered the room and attempted to strike his wife with an axe, though without succeeding in injuring her seriously; he next ran to his neighbour's

house and struck him on the head with the axe. He then left the axe and made off.

His behaviour after admission to the asylum was in no way significant of much mental aberration. He was industrious at work, though showing in his words and actions a certain apathy and want of interest in what went on around. His judgment appeared to be quite correct. He seemed to labour under no delusions or hallucinations, and though apparently very religious, was not extravagantly so. He was friendly and pleasant to every one, and though frequently sad he states that he is so on account of his unfortunate condition, and especially on account of the infant who, as his wife is pregnant, is soon to be brought into the world without a father. When he is spoken to about the cause of his having been brought to the asylum, he explains in the clearest manner that he knows nothing of the circumstances. "He is said to have struck a neighbour with the axe, which he knows nothing about and cannot believe. He never had any difference with his neighbour, and never even in word injured any one; in fact, he knows nothing but that he was seized on the road by the police and taken to the office, where he first came to himself as if waking from a dream. He never was deranged in mind, though he had suffered frequently from headache during harvest, in consequence of great heat. Of the events of the day on which he was arrested he is in complete ignorance, and it seems to him as if he had not been in the world at all then." Before and after that particular period he could remember every event with the greatest exactitude, and as often as he spoke about the affair he always gave the same account, which he called all the saints to witness was the truth. He remained in this condition and preserved this demeanour till the middle of September, when he was attacked by typhus fever, and he seemed more depressed during the illness than before; it was attributed to longing for his family.

The case had thus a very peculiar history, and could not easily be reconciled with our ordinary experience. "We have," as Dr. Wille wrote when considering the case at this stage, "a man now before us who has passed on to a 'lucid interval' after a temporary, sudden, and violent attack of insanity. The attack must have come on suddenly, and remained a very short time, for no one who came in contact with him, either before or after the deed, observed any remarkable excitement about him. In like manner, the man himself has complete knowledge of everything which occurred previous to the event, and also a few hours after. As regards all that lies between, he shows no trace of knowledge. Why should he conceal the truth? He has already been removed from the danger of punishment by having been declared insane."

About the end of September, however, he made a statement which afforded a complete explanation of the whole affair. It was with

great emotional excitement, and many tears, but with evident internal relief, that he related the following details :

"He had finished his harvest on August 5th, with rejoicings over the good crop, and afterwards, at the house of an acquaintance, he out of good nature undertook some carpenter work for him. While he was at work it appeared to him as if his wife was playing false to him with his neighbour. Quite beside himself he ran home and found his wife in the stable, who answered him very suspiciously, but otherwise appeared as formerly. Weeping and praying, in great grief he laid himself on the bed and spent the night without sleep. On the next day, as he went again to his work, he explained the matter to an acquaintance (who had originated many of his superstitious practices). This person had explained it as a presentiment such as God often has sent. He assured him that such things frequently occurred, as indeed he would find examples enough in the Bible ; and he was to watch his wife carefully. Full of trouble he worked away till, as on the previous day, it seemed to him that he saw his wife with his neighbour. Again he ran home, and looked at the bed which he found newly made and wanting a pillow, which he found dirty and laid above the bedstead. Now it seemed to him as if everything was clear. Again, he wept, ate nothing, and weeping again, went to bed. On this occasion, also, he did not sleep. The next day he tried by work to banish the trouble, but it gave him no rest. Anger, pride, and shame had put him quite beside himself—it came all up into his head ; and as an axe was lying accidentally in sight, he seized it and aimed a blow at his wife, then ran to his neighbour and struck him, after which he threw away the axe and ran away. He then came to his senses, and has since remained quiet. It is from shame that such a thing should have occurred in his house that he has never confessed anything about it. This state of things is no disease," said the patient. The foreboding was true ; he is still assured of the unfaithfulness of his wife, and declares that such will never happen again.

In spite of a thorough perception of the nature of his deed, he always, when thinking of the matter, laid the greatest stress on the injury done to his honour by the unfaithfulness of his wife, the improbability of which he could not be convinced of. The conclusion of every conversation was that he ought to be discharged as soon as possible, and that he would never commit such an action again, and would forgive his wife.

In October he was carried off by the fever.

Dr. Wille discusses at some length the medico-legal bearings of the case. He concludes with the opinion that the patient suffered from periodic melancholia, and that at the time of the deed he was in an exalted stage of mental disturbance, suffering from a severe attack of melancholic reaction. The principal medical questions



raised are—(1) could he have been sent back to his family after the return of tranquillity and reason which supervened? or, if not, could he have been sent after passing a longer period of persistent mental health? In such cases, we must confess that medical science does not afford such data as would permit us to express ourselves with certainty as to whether a relapse would take place or not, nor whether a relapse would be of a character as dangerous as the former attack. It is always probable, however, in illnesses of three years' duration, that they will return. Whether the attack will be like the previous one is impossible to say. On the ground of medical responsibility the detention of this patient was required for the protection of those about him.

*On Cold Bathing as a Remedy in Mental Disease.*—Though there would be no advantage to be obtained from the adoption of the eccentricities of what is called the water cure in the treatment of insanity, there is no doubt that the remedial efficiency of various kinds of bathing in different forms of mental derangement has not yet received the attention which it deserves. We believe that a great deal of the benefit derived from residence in any asylum is due, at present, to the regular bathing which is carried on for the fulfilment of hygienic requirements. The function performed by the secreting textures of the skin is one of the most important in the preservation of health; and the ablutions which are necessary to permit its healthy exercise are comparatively little practised or even known among the masses of the population. It would be strange, then, if important good did not result from the restoration to healthy activity of a function which has frequently been for years in abeyance. But the ordinary bath fulfils only one of the objects which may be attained by the medical applications of water and air. It merely clears the openings of the ducts, and gently stimulates the secretion. Prolonged bathing may not only exert a more powerful influence of the same kind, but it may also, among other actions, be employed for elevating or lowering the temperature of the body in a more satisfactory manner than can be obtained by any other method. The establishment of Turkish baths in some of our asylums will, no doubt, be followed by satisfactorily conducted investigations into the circumstances which indicate or contra-indicate their employment. There is still, however, much to be done in studying the action of the ordinary cold or hot-water bath on the different forms of disease. Much discredit must accrue to the remedy and disadvantage to our science if we do not seek carefully to separate those cases in which their use is hurtful or useless from those in which good results may be expected.

The following contribution from the pen of Professor Albers, of Bonn, appears to be of sufficient importance to be given in full :

"A form of melancholia agitans occurs in which a considerable distension of the veins of the lower parts of the cheeks, nose, and conjunctiva makes it probable that a similar condition exists in the brain. This again may form the stimulus which keeps up the excitement, and, perhaps, feeds the melancholia. Considerable emaciation frequently shows itself in this disease, associated with considerable muscular power. There is also considerable elevation of temperature, and cold is only slightly felt. The appetite remains very good, and the secretions are active, but the patient suffers from extreme sleeplessness. He sleeps only for a few minutes at a time, either by day or night, and he occupies himself with continual talking to himself, sighing, bemoaning, or leaping, and other ways of keeping up increasing movement. In some cases this melancholia originates in childbed. During pregnancy, an extensive dilatation of the veins makes its appearance, which may affect one of the lower extremities, generally the right. The venous distension about the face and nose is also generally present, when it exhibits a dark and dirty-red colour. At a later stage melancholia often comes on. The longer the illness continues, so much the more does the restlessness increase, and at last the patient can scarcely remain at rest, or rather is condemned to continual wandering; is impelled to pull her clothes to pieces and to destroy every article of clothes which she wears, or, indeed, anything which comes within her reach. She scratches the walls, and if the motion of hands and feet is impeded, she carries on the destruction with her teeth. I have seen some who gnawed even the doors and lining of the door-posts. In course of time they become very dirty. Urine and fæces are voided sometimes voluntarily, sometimes involuntarily—at any time or in any place, and frequently in the clothes or bed. The delusions under which these patients labour are of a powerfully depressing kind—everlasting perdition; despair of recovery; belief in having fallen into hell, or in being condemned to wander beneath the earth; and generally the apprehension of continually impending misfortune about to fall on the children, relations, and all who are or have been dependent upon them. The same delusion keeps command of the patient with slight fluctuations in strength, which are correspondingly indicated in speech and action, thus rendering this form of melancholia agitans very troublesome, both to the friends and to the physician. It is fortunate, however, that it only in rare instances passes on by reaction to actual violence.

"In this disease I have succeeded in obtaining rest by gradually diminishing the temperature, which was effected by means of water of 54° Fahr., and in one case I succeeded in obtaining complete recovery.

"It is known that the rapidity of the circulation decreases, and the sensation of nervous irritability becomes lessened if one

of the limbs or the whole body be immersed in water of the ordinary temperature. Not only are the redness and pain of burns and wounds diminished by prolonged immersion of the injured member, but paleness and either partial or complete removal of pain are produced in any inflamed part which is thus treated. Continued bathing in water of 55° to 65° Fahr. produces fatigue. A part which has been thus immersed for a long time loses sensibility to a great extent, is benumbed, and no longer feels the prick of a needle as it did before immersion. Reflecting on these considerations, I was induced to try the effect of cold water on a patient who had previously undergone prolonged medical treatment, and in whose case all the ordinary remedies had been used without procuring rest.

"Several experiments made on healthy persons showed that cold water of 35°—40° Fahr. was too painful for continual application, and water of 52° was found to be more suitable. For the continued cold baths I made use of the water in one of my deepest wells, which showed a constant temperature both winter and summer of 55°. In summer the mere carrying of the water from the well to the bath raised the temperature two degrees, and if it was allowed to stand for a short time in the warm air it was raised much higher.

"The case which I subjected to treatment was a woman of thirty-four years of age, who had fallen into melancholia after her first childbirth. While still labouring under the melancholia she became pregnant again, and after an easy parturition she had a still more severe attack than after the first. Two months after her confinement she was placed under my medical care. Emaciated and delicate as she was, there was still milk in her breasts, and she had been nursing the child up to a few days previous. The skin was dry and very hot, and the pulse rapid. Day and night without rest she complained incessantly that everything was lost, and that she lived no longer upon the earth but under it. She got no sleep either by night or day, or at the most only for a few minutes, and then in the sitting posture. A varicose ulcer which had broken out during the first pregnancy was found on the right leg near the bottom of the calf. Very thick veins extended in numerous folds and loops over the whole right lower extremity up to the abdomen. The nose and cheeks were of a bluish-red colour, which, on closer examination, appeared to be due to the presence of small bluish vessels. She was dirty, and passed her fæces and urine in any place and at any time. To procure sleep, nourishing diet, rest, opium, and cold applications to the head, with tepid baths, were tried for a long time without any apparent result. At the end of the fourth month of the treatment the condition was much the same as at the beginning; and I then determined to try the prolonged cold bath. She was,

with every care, and in my own presence, placed in the bath, and the following conditions were noted :

Date.	Before Bath.	After Bath of one hour.
July 15 ... Temperature of water.....	56° Fahr.	61° Fahr.
Temperature of patient—		
Temple .....	84° "	75° "
Axilla .....	93° "	70° "
Hand .....	90½° "	68° "

In the bath the patient became more and more tranquil; the moaning abated; the pulse at the wrist became almost imperceptible. When chilliness came on she was taken out of the bath; she then obtained rest, alleviation, and one hour of sleep during the night.

Date.	Before Bath.	After Bath of two hours.
July 26 ... Temperature of water.....	59° Fahr.	64° Fahr.
Temperature of patient—		
Temple .....	75° "	72½° "
Axilla .....	90½° "	81½° "
Clavicular region ...	90½° "	81½° "
Hand .....	86½° "	79° "

Was very restless during the day, sleepless, and no greater tranquillity was produced by forty drops of tincture of opium. At the end of the second hour the radial pulse could not be felt, and chill set in. In the following night she had several hours of sleep.

Date.	Before Bath.	After Bath of two hours.
July 27 ... Temperature of water.....	58½° Fahr.	61° Fahr.
Temperature of patient—		
Temple .....	86° "	79° "
Neck .....	93° "	81½° "
Axilla .....	93° "	79° "
Hand .....	94½° "	79° "

Pulse before the bath 75, rather full; but after an hour and a quarter not to be felt. The patient was restless during the day, but no longer destructive. Had good sleep at night, and kept herself clean.

Date.	Before Bath.	After Bath of two hours.
July 28 ... Temperature of water.....	57° Fahr.	61° Fahr.
Temperature of patient—		
Temple .....	86° "	79° "
Neck .....	90½° "	84° "
Axilla .....	95° "	84° "
Hand .....	93° "	75° "

After an hour in the bath the pulse sank from 90 to 50. The restlessness then abated altogether, and for a moment she regained complete self-possession. Towards the end of the bath chill came on, on account of which the patient got out and was put to bed in.

warm bed-clothes. During the night she slept quietly. The dirty habits had ceased.

Date.		Before Bath.	After Bath of two hours.
July 30	...Temperature of water.....	59° Fahr.	62° Fahr.
	Temperature of patient—		
	Temple .....	77° "	75° "
	Neck .....	90½° "	81½° "
	Axilla .....	93° "	79° "
	Hand .....	90½° "	75° "

Before the bath the pulse was 80, but during its administration it became imperceptible. The night was again tranquil. About a quarter of an hour after the bath a severe rigor came on, but soon passed off.

Date.		Before Bath.	After Bath of two hours.
August 1	...Temperature of water.....	57° Fahr.	61° Fahr.
	Temperature of patient—		
	Temple .....	88° "	63½° "
	Neck .....	93° "	77° "
	Axilla .....	93° "	76° "
	Hand .....	90½° "	73° "

The night was tranquil and passed in sleep. The varicose ulcer began to heal. The day was also partially quiet, and the insanity was hourly disappearing. The secretion from the skin was natural, and the next day the perspiration was visible, which had not hitherto been the case. A gradual tendency to recovery was unmistakeable. She became quieter and more content. Although not completely recovered, she left the institution on the 23rd of December, and on the 20th of March next was quite well, as was stated in a letter from her medical attendant, Dr. Besserer, of Duisburg.

"I adopted a similar treatment with a lady of twenty-two years of age, who also suffered from melancholia agitans. It was, however, impossible to give her more than two baths. These were well borne, and had a tranquillising effect. She slept better and was more moderate in her moaning and quieter in her movements.

"Such remarkable results of the lowering of the temperature," Professor Albers concludes, "demand further investigation. The prolonged cold bath is without danger to the health of such patients, and can only act beneficially. It appears, however, that they are borne better in summer than in winter. My successful experiments took place only in summer."

In a later number of the same volume of the 'Zeitschrift' there is a paper by Dr. Finkelnburg, Physician to the Water Cure Establishment at Godesberg, entitled "Researches concerning the Use of Cold bathing among the Insane." He gives a more or less detailed account of seventeen cases which were treated either by means of the cold bath, or cold "packing." Most of the cases occurred in

the asylum at Siegburg, and all, with one exception, were examples of recovery following the use of the bath.

According to the mode of administration practised in those cases in which the bath was used the patient was placed suddenly by four attendants into a large bath at a temperature of 60° Fahrenheit. The bath was never prolonged beyond ten minutes. During this time the head of the patient was from time to time submerged, the rest of the body being allowed the greatest possible freedom. The author considers the ten minutes' duration sufficient to prevent subsequent excitement, and to diminish irritation in the nervous system. The details of the cases are not given with the same minuteness as in the instance reported by Professor Albers, the alterations in the temperature of the patients not having been noted. In eight cases the morbid condition is described as sympathetic irritation of the brain, showing itself in the form of acute mania, with more or less tendency to vascular erethism and to congestive affections; one was a case of melancholia agitans. In most of the cases disturbances of the sexual functions were regarded as either remote or proximate causes. Considerable elevation of the temperature of the body was observed in four cases. An almost constant result of the bath was a calming of the action of the heart, with diminished frequency of the pulse and lowering of the bodily heat. Among the female patients increase of the catamenial function generally resulted. In two of the cases, as well as in others not reported, rheumatic affections were brought on. In all the above cases complete cure was eventually obtained.

The author gives an additional case of a young man of 27 years of age who suffered from acute mania of a religious character. After three days of very violent excitement his aspect was pale and dejected, the skin cool, the pulse above 100, and small. In the evening he was placed in a cold bath for four minutes, after which he was quieter, and put on his clothes himself, but complained of a persistent chill. During the night he was apparently tranquil, but while dressing in the morning he fell into convulsions, with loss of consciousness, and contraction of the left pupil. He died comatose. In the autopsy an extensive recent extravasation was found in the arachnoid sac over the whole anterior part of the right hemisphere of the brain, with dark discoloration of the grey matter. Of course it cannot be stated with certainty that the unfortunate event was the result of the bath; but the circumstance is significant enough to indicate the necessity of great caution in the use of the remedy.

The other seven cases are illustrations of the effect of the wet sheet. Five were treated in Siegburg, one at Godesberg, and one at Cologne. The usual mode of application seems to have been to wrap the patient in the cold wet sheets and keep them on for periods of two to three hours, or until perspiration occurred freely. Five

were cases of melancholia and two of maniacal excitement, and in all there was either complete recovery or such improvement as to warrant discharge from the institutions. In one case of melancholia accompanying enlargement of the uterus the use of the sheet was followed by decided improvement. As this is the only case in which the effect on the pulse and the temperature is reported, we extract the following table :—

	Before the application.		After one hour.	
	Temperature.	Pulse.	Temperature.	Pulse.
April 20 .....	63·3° Fahr.	90 .....	66·8° Fahr.	78 .....
" 21 .....	67·7° "	86 .....	67·° "	72 .....
" 22 .....	67·1° "	86 .....	66·6° "	70 .....
" 24 .....	67·3° "	84 .....	66·4° "	68 .....
" 26 .....	67·° "	90 .....	66·2° "	78 .....
" 29 .....	67·5° "	84 .....	66·4° "	66 .....

The temperature was taken by placing a delicate thermometer under the tongue of the patient. It may be mentioned that in this case the hip bath and the vaginal douche were also used.

A most important defect in Dr. Finkelnburg's paper is the want of all information regarding the number of cases treated, or the nature of the affection on which the bathing appeared to be inert or injurious. It is evident that no reliable conclusion can be arrived at in the absence of such data.

*Mental Derangement produced by the Development of Echinococci in the Brain.*—Dr. J. Knoch, of St. Petersburg, controverts the assertion of Küchenmeister, that hitherto the occurrence of Echinococci in the human brain has never been ascertained with certainty. He has had an opportunity of examining a preparation forty years old, which was described by Rendtorf and Rudolphi as Echinococci, and he has satisfied himself of the unquestionable correctness of their opinion. He also describes an unmistakeable specimen which is preserved in the Pathologico-Anatomical Institute in Berlin ; and he thinks there is as little doubt about another which is described by Dr. Zeder in the 'Erster Nachtrag zu Goeze's Naturgeschichte der Eingeweidewürmer.'

*Tabes dorsalis and Paralysis universalis progressiva.*—Dr. Westphal, of Berlin, devotes a second paper to the examination of the cases of the tabes dorsalis associated with mental derangement. A translation of the first paper by Dr. Rutherford was published in this Journal (July, 1864, p. 207), and was intended to point out the resemblance between this disease and general paralysis of the insane. The two affections resemble one another in the gradual weakening of the mind, accompanied with grandiose delusions and maniacal excitement, and also by the motor lesions of the lower extremities, and the occurrence of epileptiform attacks. The two diseases differ,

however, very decidedly, in the order of their symptoms; in tabes dorsalis those in the lower extremities and in the bladder make their appearance long, sometimes many years, before the mind is affected, whereas this is never the case in general paralysis; and the staggering when the eyes are shut is a symptom which is also absent from the latter disease.

Since the first part of the memoir was published the patient whose case is there recorded as third in order has died; and the post-mortem examination revealed the expected gelatinous degeneration of the posterior columns of the cord. It is important to observe, however, that the pathological condition was not satisfactorily ascertained until the microscopic examination was made, an instance of the importance which ought to be attached to this mode of examination in all lesions of nervous structure. In this second contribution Dr. Westphal has collected six additional cases illustrative of the association of tabes dorsalis with mental derangement, which have been reported by Hoffman, Mannkopf, Joffe, and Meyer. He believes that at least some of the cases given by Duchenne as examples of what he has called *Ataxie locomotrice*, and of which, unfortunately, no post-mortem examinations are reported, are really cases of tabes. According to the course of the mental symptoms, the cases divide themselves into two groups: in one, an exaltation amounting to acute mania breaks out suddenly, exhibiting the character of grandiose delirium; in the other, there is gradually and insidiously developed a general weakening of the intellect passing on to the most extreme form of apathetic imbecility. In the first group the weakening of the intellect makes its appearance in the more advanced stage of the disease, and sometimes assumes a peculiar periodic character. The author suggests that this peculiar course is connected with hereditary predisposition, on which basis the disease is developed.

*On the Treatment of Melancholia with Opium.*—Dr. Tigges, of the asylum at Marsberg, gives a very careful report of thirty-nine cases of melancholia in which opium was administered in greater or less quantity. He has as far as possible avoided the disturbance of the inferences to be drawn from his calculations, which would be caused by administering the remedy, as has been frequently done in published cases, when the patients were newly admitted to the asylum, or otherwise placed in circumstances which might of themselves alter the course of the disease.

The patients treated were 18 men and 21 women, of ages ranging from 23 to 70 years; and the duration of the disease previous to the administration of the remedy was from two months. The most prominent symptoms were restlessness, destructive and suicidal tendencies, and talking to themselves. The disease terminated in



recovery in 13 cases; in improvement in 5; the condition was doubtful in 5; apparently incurable in 12; and 4 died.

The opium was generally given in doses of from two to six grains twice daily, and in one case the dose was as much as fifteen grains. The periods during which it was administered were two weeks in 4 cases, one month in 9 cases, two months in 14 cases, three months in 9 cases, and more than three months in 4 cases. In 2 of the cases morphia was also given, and continued for several months, the highest dose in each case being one grain.

The result of the treatment is reported as having been useful and tranquillising in 14 cases; it was prejudicial in 16 cases, the excitement being increased; in 2 cases digestion was interfered with; and in 7 cases no effect was produced. Among the 14 cases in which the opium produced a beneficial result there was only one in which the tranquillising effect passed on directly to recovery; in all the others where recovery took place that result did not appear to be in any way due to the opium. Its action was purely symptomatic in decreasing the intensity of the excitement, and in no degree affected the progress of the disease. Indeed Dr. Tigges seemed inclined to the belief that he attributes to the opium more credit than is due, in saying that the tranquillity was in all these cases the effect of that drug. In some of the cases the decrease in the intensity of the excitement was very slight, and in others when the opium was stopped, a continued or more decided tranquillity ensued, so that the improvement perhaps took place in the natural course of the disease. When the action was more evident it was not regular in its action, differing in different cases, and capricious even in the same case. In one case a comparatively small dose produced tranquillity, in another the same dose had no effect, but a larger dose was effectual; in another the small dose was as useful as a large one; in another the larger doses were injurious, although smaller ones had been followed by improvement. In one case the continuance of the doses which at first had produced an effect ceased to do so, and even a dose of fifteen grains produced no result. In another, the remedy which at first had been beneficial became injurious in the same doses.

The cases in which the opium seemed to act beneficially were mostly characterised by considerable motor excitement. It is also to be remarked that among the cases which terminated in recovery opium exercised an injurious influence in 8, while the recoveries in which opium had acted beneficially were only 4.

The author criticises the cases which have been published to prove the usefulness of opium in this disease, and maintains that sufficient care has not been taken to exclude those cases in which other curative influences have been at work. And he remarks with great truth that statistics on this subject can never be estimated at their

true value until we are in possession of the statistics of the normal uninfluenced duration of the morbid process.

*An Instrument for determining difference in the size of the Pupils.*—Dr. F. Obernier, of Siegburg, describes a simple instrument, which he has used for a considerable time, and which he believes to be of great use in this important observation. It consists of two small oblong mirrors, which are fitted closely edge to edge, and inclined to one another at an obtuse angle. These are attached to a handle, so that they may conveniently be held opposite the eyes which it is wished to compare. Owing to the different angles at which the mirrors meet the rays which are directed from the eyes, a position can be ascertained by experiment at which one half of each eye will be represented in each mirror close to the line of junction of the two. By this means the mirrored half-images of the two eyes can be brought into immediate juxtaposition, and the diameter of each pupil accurately compared. Dr. Obernier reports that the use of the instrument is easy.

*On the Development of Grey Cerebral Substance as a new Formation in the Walls of the Lateral Ventricles.*—Only two such cases have hitherto been satisfactorily reported; one mentioned by Virchow ('Gesamm. Abhandl.,' p. 998), and the other by Dr. Tungal ('Virchow's Archiv,' vol. xvi, p. 166). Dr. Meschede describes in this paper a very interesting case of what he calls "areolated hyperplasia." Michael Schattkowski, of Graudenz, a Pole, unmarried, æt. 19, was admitted to the West Prussian Asylum at Schwetz, on November 20th, 1863, suffering from epilepsy of many years' standing, and idiotic imbecility which had existed from his earliest childhood. His father had been a drunkard, and had hanged himself four years previously. It is stated that in the second quarter of the first year of his existence the child was suddenly, after a bath, seized with an attack of trembling of the whole body and paralysis of the tongue. It was only in his ninth year that he was able to pronounce any words in an unmistakeable manner, but he never attained any proficiency in the art. In intellectual capacity he remained almost entirely wanting. Generally he was quiet in behaviour, but sometimes easily made angry, when he would stamp and cry like a child. Latterly the epileptic attacks had been becoming more severe, and after his admission to the asylum their severity continued to increase. In January 1864 he had nineteen fits in ten days; in February sixteen fits in two days. The last series was followed by a comatose condition of several days' duration, but after recovery from this the fits were less frequent, and weaker, and lost the convulsive character. About the middle of May atonic diarrhœa and

symptoms of pulmonary tuberculosis appeared, and gradually increased until his death, on the 26th of June following.

The most important peculiarities in the condition of the brain, as discovered at the post-mortem examination, were as follows :—On the external superior and posterior walls of both lateral ventricles, stretching far back into the posterior cornu, were a large number of round or ovoid insulated masses of pale grey, yellowish-red, shining portions of brain matter. Their size varied from one to ten millimètres in diameter. Transverse section of the hemispheres showed similar insulated masses of grey substance in the same neighbourhood, imbedded in the white substance. The surface of the hemispheres was also characterised by nodular protuberances of larger size, and instead of the usual regular appearance of the cortical layer the grey matter was divided into insulated masses, between which processes of medullary tissue were prolonged in a radiating manner. This peculiarity was most remarkable in the posterior lobes of the cerebrum.

*Hereditary Tendency in Insanity.*—Dr. W. Jung, of Leubus, gives a very careful examination of the influence of previous generations on the mental condition of the population. His researches are based on the history of 3606 cases which have been admitted to the asylum at Leubus. The nature of the paper renders it unfit for abridgment, but we may give the general results to which the examination leads him. According to the statistics, it appears that when the father has been insane the sons who have become insane have a greater predisposition to recovery than the daughters; and the converse holds when the mother has been insane. The father shows a greater tendency to transmit insanity to the sons than to the daughters; and transversely, but in a greater degree, when the mother is insane. The hereditary influence of the father is slightly less than that of the mother. He also draws the following inferences from the data before him :—1. Women have a greater tendency to be affected with hereditary insanity than men. 2. The most favorable opportunity for the outbreak of hereditary insanity is the period of puberty in both men and women. 3. Among 1300 inhabitants above the age of fifteen there is one insane; and among four insane there is one with hereditary predisposition. 4. The Protestant population, compared with the Roman Catholic, gives a larger number of insane and a greater number of relapses, but also the greatest number of recoveries both from single and repeated attacks. 5. The cases with hereditary predisposition show a more favorable proportion of recoveries and deaths than those without hereditary predisposition, and require shorter periods of treatment. 6. The cases with hereditary predisposition show more relapses, but also a more favorable proportion of recoveries from them. 7. The cases with here-

ditary predisposition otherwise follow the same laws as those without such predisposition, especially as regards the greater curability of women, in spite of their requiring on the average a longer period of treatment.

*Typhus among the Insane.*—Dr. Wille communicates the results of his observation of two epidemics of typhus—one which he had seen at the Goeppingen Asylum, and another which had occurred at the asylum of Münsterlingen since his removal to that institution. He draws the following inferences from his investigation: 1. The symptomatology of enteric typhus among the insane does not essentially differ from that of enteric typhus generally. It derives a character, however, from the peculiarity of the individuals influencing the manner in which the symptoms are manifested. In the incubation stage we find exalted mental irritability which may amount to delusions of being persecuted, accompanied with a high degree of excitement; and in the further course of the disease we may have irregularities of the circulation with differences between the rhythm of the pulses and the dilatation of the arteries, and towards the end, only rarely, delirium; rather, on the contrary, the predominance of a deep apathetic and soporose condition. 2. The diagnosis is more difficult on account partly of the difficulty of obtaining information from the insane at the commencement of the fever, which frequently makes the examination of the patient and the objective investigation impossible, and partly also from the existence of other mental and bodily morbid conditions, as apoplecticiform attacks in the course of general paralysis, the irritation stage of periodic and “circular” mental diseases, mental conditions of irritation in the epileptic insane, and profuse febrile diarrhoea in the course of secondary insanity. This last difficulty is felt to the greatest extent in epidemics of typhus prevailing in an asylum. 3. The prognosis in cases of insane persons attacked with typhus is unfavorable. The sane are, indeed, more liable to typhus, but the insane succumb more readily to the disease. 4. The influence of typhus upon the insane is only temporarily favorable, and arises chiefly from the feeling of comfort produced by the removal of a continued febrile condition. In exceptional cases the insanity undergoes a permanent favorable change as a consequence of the typhus. 5. The treatment should generally be of a more tonic and stimulating character than in similar cases among the sane. The nursing of the insane while labouring under typhus presents special difficulty. The circumstances which exert an unfavorable influence on the course of the fever are more difficult to avoid, and the remedies which exert a favorable influence are more difficult to apply. Especially in the apathetic stage there is often absolute refusal of food, and instrumental alimentation becomes necessary. 6. In regard to sanitary arrangements he believes

that in all large asylums special rooms should be provided for the reception of those suffering from intercurrent bodily diseases, which might be used for the separation of those suffering from typhus; their number should be in proportion to the number of inmates. 7. As regards prophylaxis, particular attention should be paid to the condition of water-closets and drains.

*A new System of Measuring the Head.*—Dr. F. Obernier has devised a more accurate mode of calculating the sizes of crania, which he recommends instead of the somewhat unsatisfactory methods hitherto employed; but without the aid of a diagram it would be difficult, if not impossible, to give a satisfactory description of his proposal.

*A Contribution to the Subject of diminished Responsibility.*—This is an excellent paper by Flemming. It is difficult to present a satisfactory abstract of it, but the following may be accepted as an imperfect sketch.

If one proceeds on the incontrovertible supposition that the idea of responsibility belongs to jurisprudence, it follows that the physician has nothing to do in psychologico-legal cases with the question of responsibility or irresponsibility (*Imputabilität* oder *Nicht-Imputabilität*),\* but he has merely as an expert to ascertain the facts and circumstances, and give an opinion thereon from which the judge may infer the responsibility of the accused or the contrary. These circumstances and these facts, which are the subject of inquiry and consideration by the medical jurist, are connected with the ideas of mental health or disease.

Mental health may be understood to include those vital conditions in which the vital functions of the human organism are performed in such a manner that whether it be normal or abnormal, they occasion no manifest disturbance of the mental functions,—the intellectual and emotional processes.

On the other hand, the idea of mental disease must be defined as that vital condition in which evident and significant injuries and derangements of the mental functions are conditional and called forth by derangements in the corporeal system.

Hence there follow two considerations in establishing the existence of mental disease. In the first place, any irregularity in the mental functions is not to be conceived of as mental disease, but only such are to be regarded as are dependent on derangements of the corporeal system. Hence it is an error to include moral degra-

\* Though the literal meaning of the word used by Dr. Flemming—“*Zurechnungsfähigkeit*”—is “imputability,” I have translated it “responsibility,” as being the word in general use in this country among those who have entered on the controversy to which Dr. Flemming’s paper is a contribution.—J. S.

dation and like states in this idea, though they may be maintained to be abnormalities of the mental processes. In the second place, every abnormality of the corporeal system is not a manifestation and proof of mental disease even where speech and action seem to indicate injury to the mental processes, but only those corporeal anomalies can be received as proof of mental disease which exist in causative connection with the perceptible derangement of the processes.

Medical science, and more immediately the study of mental disease (psychiatry), affords an explanation of the causative connection which exists between corporeal lesions and injury to the mental functions. It is thus that we are taught to recognise mental disease as such. If this science is not able in all cases to indicate the manner of this causative connection between corporeal and intellectual abnormalities, it supplies, in the exact observation of mental diseases, the arguments by which this connection may be established. These are obtained partly by the observation of the consecutive order of corporeal and mental symptoms of disease which are observed in unmistakable mental disease, and partly by the observation of such symptoms as are regularly or generally, and if not exclusively yet chiefly, recognised in morbid mental conditions, and which on this account can be regarded as their distinctive characteristics. Hence it is requisite for the medical jurist, when forming a legal opinion on doubtful conditions of the intellect and emotions, not only to assure himself of the existence of sanity or insanity in each case, but also to set forth the arguments on which his decision is founded. He should indicate and explain them to the judge as clearly as possible, so that the latter may be put in a position to appropriate to himself the decision of the physician, and to deduce from the opinion presented by the expert the conclusions regarding responsibility or irresponsibility. In so far as this deduction of the physician is not arrived at, or (as the preliminary considerations which are founded on medical science are inaccessible to the public), may be unattainable, the judge will be obliged to rest his verdict on the authority of a *superarbitrium* of the expert.

The ideas of health and disease in general are, however, *de facto* only relative; the vital conditions fluctuate between what is normal and what is abnormal. These conceptions are only found in their most assured condition where the characteristics of normal or abnormal vital conditions are exhibited in an easily recognisable manner. From these extremes or poles towards the centre or indifference-point the characteristics disappear more and more, and this indifference-point includes a certain but indeterminate extent within which the existence of neither health nor disease can be ascertained with certainty. We are, therefore, justified in recognising an *intermediate condition* in which it is impossible to establish the existence of either health or disease. But we must not suppose that

this condition actually excludes the idea of health or disease, or includes both. We must merely regard it theoretically, or for the sake of argument, as belonging to either; for it is only because we are unable to decide to which it belongs that the idea can be adopted. It must really be one or the other, although we are unable to make the decision. The same considerations are applicable to mental health and disease. They are only recognised with facility in their extreme forms. There are many mental conditions which have certain characteristics of disturbance of the psychical functions depending on abnormal physical conditions, to which, however, one is not justified in denying the name of mental health. Hysterical and hypochondriacal conditions may be mentioned as examples which approach the character of mental disease without being actually regarded as such. On the other hand, there are very extensive and, at the same time, intense derangements of the mental functions along with which some of the psychical processes appear to be carried on in a perfectly normal manner. But though these manifestations of healthy action bring the condition closer to what we regard as mental health, we are not thereby justified in removing it from the category of mental disease. These we regard, therefore, as doubtful mental conditions, that is, doubtful in as far as it is not evident to which extreme they belong.

While the extremes of mental health and disease are commonly recognisable by those ignorant of medicine, this is by no means the case as regards the intermediate mental conditions. In such conditions as appear doubtful to the judge, he is accustomed to avail himself of the opinion of medical experts. A portion of those mental conditions which are obscure to the non-medical public are not at all doubtful to the physician, who is familiar with insanity. But there still remains a certain number regarding which the opinions of the most experienced experts may differ, or which may be even to them doubtful as to whether they should be classed as sane or insane. And it may happen that the medical jurist, impelled by the desire to obtain a definite conclusion which he may lay before the judge, may permit himself rather to give utterance to a general impression than one founded on scientific knowledge, or may wander into the misty region of metaphysics or transcendental psychology, to which the judge has also access, and where things run so much into one another that he may disagree with the latter.

The question now is how the judge is to act in deducing from the opinion of the medical jurist conclusions upon the sanity or insanity of the person examined—whether he is to be looked upon as responsible or irresponsible. It is evident that in those cases which are doubtful to those ignorant of medicine, if the expert establishes the existence of mental derangement, and makes it manifest that it depends on

existing lesion of the bodily system, the judge must decide on the responsibility of the accused. In the same manner, when the physician is able to recognise the irregularities and apparent anomalies of the mental processes as not being the result of such morbid physical conditions, and can find no signs characteristic of mental disease, and consequently decides on the sanity of the accused, the responsibility of the latter must be admitted. If, however, the expert is unable to arrive at so satisfactory a conclusion; if the characteristic signs of mental disease are not to be found, or the existing anomalies of the mental processes are of so ambiguous a character that they cannot with certainty be classified as symptoms of mental disease, but may coexist with sanity—if remarkable mental disturbance is found side by side with the normal operation of the mental processes, so that grounds for directly opposite opinions are present; or, lastly, if the time favorable to the ascertaining of the mental condition at the time of the event under consideration has already past—in short, if the case remains doubtful also to the expert, and his judgment either in one direction or another is supported by mere probabilities, the certain foundation for the decision of the judge is taken away.

In these circumstances there are two courses open to the judge which require a critical examination from a medical point of view. In the first place he may regard the condition of sanity as the rule, and where no sufficient evidence of insanity as the exception to the rule is apparent either to the public or to the expert, he may decide on the responsibility of the accused. Against this view, however, there are several important objections. It is evident that one cannot assert that a thing does not exist which is not demonstrated or cannot be demonstrated. For the means of demonstration may have existed previously or may become evident afterwards, and thus the error of the decision may be exposed. The injurious consequences of such an error are apparent. The second course is indicated by the consideration that if the conditions of sanity and insanity upon which the responsibility or irresponsibility depends are not separated from one another by a sharply-defined line, but gradually run into one another, this must also be the case with responsibility and irresponsibility. There will consequently be between the complete responsibility of sanity and the complete irresponsibility of insanity an *intermediate condition of diminished responsibility* which will rise and fall according to the predominance of mental health or disease. This solution also suffers from important defects. It was shown above that in the "intermediate condition" the amount of mental disease does not increase and diminish, but only the degree of its manifestation, and that the boundaries of health and disease are really sharp and well-defined. We ought, consequently, to have, not a *diminished responsibility*, but a *diminished capability of*



*recognising responsibility.* If one accepts the supposition of the theoretical presence both of sanity and insanity in the intermediate condition, we must also accept the supposition of coexisting responsibility and irresponsibility, which leaves the judge in the dilemma of having both to punish for the responsibility and to release on account of the irresponsibility.

The duty of the medical jurist, however, consists in laying fully before the judge not only his opinion but the grounds for it; and in cases which remain doubtful to him let him not be afraid to give utterance to the *non liquet*, but at the same time state the grounds of probability and doubt for and against sanity and insanity.

*Insanity in connection with Hydrocephalus.*—According to the observations of Albers, hydrocephalus internus is associated with two forms of imbecility. One is distinguished by restlessness and frequently complete silliness (Narrtheit), the other by deficiency of mental power and paralysis (sometimes dumbness). He finds also that in the first or restless class, the water is collected in the visceral sac of the arachnoid. In those connected with dumbness and paralysis, the collection of water was in the ventricles. In some cases the two kinds of imbecility are mixed. In these the serous collection is found in both situations.

*Cretaceous Tumours (Sandgeschwulst) in the Insane.*—Dr. Ripping relates a case in which a tumour of this description about the size of a cherry-stone was found in the left choroid plexus of a woman who suffered at first from alternations of melancholia and mania, which were followed by permanent delusional insanity.

*Statistics of the Provincial Asylum for Curables and Incurables at Halle.*—Dr. Damerow gives a very full statement of the statistics of the Halle Asylum for the ten years ending December, 1863. The average number in the institution has been about 400, those in the department for incurables being generally 100 more than those in the department for curables. It would be impossible in the space at our disposal to give any satisfactory *résumé* of the learned author's remarks, and we must rest satisfied with noting one or two of the more remarkable particulars from the opening of the asylum.

The total number of admissions since the opening of the asylum is 1,834 men and 935 women, or 2269 in all. Of these, 142 men and 87 women were readmissions. The recoveries were 419 men and 347 women, or 766 in all; those discharged improved were 151 men and 123 women, total 274. The deaths were 427 men and 177 women. Of the men who died, 125 suffered from dementia paralytica; of the women, 22 suffered from that disease. There

were 9 suicides spread over 19 years. Of the admissions, 85 men and 40 women were epileptic.

The classification of the admissions according to their religious beliefs, exhibits what at first sight is a curious result. Calculating the numbers in proportion to the total population of each sect in the province, there were admitted from

Among the Evangelicals	1	in every	830.
„ Catholics	1	„	1,769.
„ Jews	1	„	412½.

But, as Damerow remarks, there are so many circumstances beside the per-centage of insanity in the population which influence these statistics that no deductions of any importance can be obtained from them. The sect which has the largest proportion of poor would be expected *ceteris paribus* to send the largest proportion of insane to a public asylum, even though the sect might not contain a larger proportion of insane than the others. Some sects also have modes of caring for their poor which prevent them from coming upon the public charge to the same extent as they would otherwise. For the whole statistics and a very interesting commentary we must refer to the original paper.

*The Prevailing Prejudice against the Insane.*—An Address delivered before the General Assembly of Physicians and Naturalists in Kiel, by Professor Jessen, of Hornheim.

This is an appeal in favour of a more kindly manner of regarding those suffering from insanity. The author exclaims emphatically against what he believes to be still a common mistake—looking upon the insane as criminals, or as being in a condition of which they should be ashamed. He regards it as being, on the contrary, a condition of which the sufferers ought to be proud. “He who has no soul,” says he, “has no illness to fear, but whoever has been endowed by nature with a deep, rich and fertile mental organization, bears also the seeds of illness in his inner man. Only the so-called common-sense people, the cold heartless natures, devoid of every deeper feeling, are privileged to be invulnerable to mental disease. . . . He who can be made ill by mental emotion doubtless stands higher than he for whom such impressions do not exist, or over whom they pass transiently and leave no lasting trace.” He calls upon the medical profession to exert themselves to remove the prejudice which affixes a stigma to the idea of insanity. “I have conducted for twenty-five years an important asylum—that erected in Scheswig in 1820; I have become acquainted with 1500 lunatics, and have attended them professionally; I have lived with and amongst them, and have had more intercourse with them than with the rest of the world. Should I pass an opinion as to the moral worth of these

persons, as compared with those who pass for sensible, I could only do so in favour of the former. I acknowledge freely that I respect the insane in general more than the rest of mankind, that I like living amongst them, and that in their society I do not miss the companionship of other people, and that I even find them in many respects more natural and sensible than the rest of mankind."

It may be hoped that Professor Jessen, having such sentiments, will spend the remainder of his days among those whom he appreciates so highly and loves so well.

## II.—*English Psychological Medicine.*

By S. W. D. WILLIAMS, M.D., L.R.C.P.I., Assistant Medical Officer of the Sussex Lunatic Asylum, Hayward's Heath.

*Notes of Lectures on Insanity, delivered at St. George's Hospital, by GEO. FIELDING BLANDFORD, M.B. OXON.*

(*Lecture V. Melancholia—Mania. Lecture VI. General Paralysis—Definition of Insanity. Conclusion.*)

IN the October number for 1866 of this Journal, we gave a brief *résumé* of four lectures on Insanity, delivered at St. George's Hospital by Dr. George Fielding Blandford, and published in the 'Medical Times and Gazette.' Since then, two more lectures, concluding the course, have appeared.

In Lecture V, Dr. Blandford proceeds to consider those patients of whose insanity there is no doubt, who require medical care and treatment. Putting aside all chronic and incurable cases, he roughly divides the recent and primary into those characterised by great depression of feeling with corresponding delusions—in other words, *melancholia*—and those marked by the exaltation of gaiety, or fury, or ambition, or by the frenzy of delirium, comprised under the generic name of *Mania*.

"Probably," truly remarks Dr. Blandford, "the most curable and the most frequent of all forms of insanity is slight non-acute melancholia, which shows itself, first of all, by a restless depression, and passes through various stages of despondency, until, from being simply low-spirited and fanciful, the patient's fears assume another shape, and become definite delusions, which are almost invariably of a most distressing nature, and often prompt to suicide. With this mental state, symptoms of a physical nature appear: "the tongue, as a rule, will be coated, creamy, and foul with old epithelium, producing great fœtor of breath, the whole being often the result

of starvation; the pulse is quick and weak, the bowels are constipated," &c. These symptoms Dr. Blandford considers to be due to the mental symptoms; but in this dictum many will disagree with him, rather believing them to be prior to, if not the cause of, the mental alienation, as would seem to be proved by the undoubted fact that an abatement and finally the disappearance of the physical symptoms is always a precursor of amelioration of the psychical phenomena. These cases, as already remarked, generally get well, often without the necessity of sequestration in an asylum. Medicine here, says Dr. Blandford, can do much: enemata of castor-oil and turpentine, than which there is no surer remedy, will remove the hardened scybalaë that block the bowels; bark, quinine, iron, stimulants, good solid nutritious food, to restore tone to the constitution; and, finally, some preparation of opium—of which preference is given to the bimeconate of morphia, as causing less sickness and constipation than any other—to "procure sleep and allay the ever-present panic." And with the medical should be combined a judicious moral treatment, including cheerful companions and plenty of light amusement. These cases do not, however, always progress so favorably, but at times pass "into a state of excited terror and panic, which may fitly be called *acute melancholia*." This disease is of a most distressing and unfavorable nature, and frequently arises at the close of some chronic or wasting disease, such as phthisis, in patients whose constitution is broken down, and who have no power to withstand it. Patients suffering from this variety of acute melancholia almost invariably refuse their food with the most obstinate tenacity, says Dr. Blandford: and he proceeds to enumerate the various means and modes of forced alimentation, for which he seems to have a decided partiality. He says, "Every asylum doctor has his favorite method of forced alimentation;" which is, however, scarcely the fact, as many now-a-days deny altogether either the use, efficacy, or necessity for it, rather believing it to be a remnant of the rapidly exploding restraint system. In some asylums, it is true, we hear of the stomach-pump or nasal tube being used daily at each meal-time on a greater or lesser number; but, in others, such a thing is totally unknown. Whence this discrepancy? Are we to suppose that in the one case it is used unnecessarily, or that in the other the patient is left to die? Is it not rather probable that the more you use the stomach-pump, the more you may, and that refusal of food treated by forced alimentation in one case in an asylum is very apt to produce an epidemic of such cases? especially as it is usually the young assistant medical officer who has to force the alimentation, and the patients requiring such treatment will be usually found amongst the young hysterical females. It was Mr. Commissioner Browne who, I believe, once wrote that no patient should ever be forced with food until, if of the male sex, the matron

had exhausted all efforts to coax him to eat; or, if a female, until the assistant medical officer had tried all his powers of persuasion.

Dr. Blandford next proceeds to consider *Mania*, and writes—

“The primary forms of mania—for I do not speak of the chronic forms of this or any other kind of insanity—are at least three in number. There is the complete delirium of true acute mania, *délire aiguë* of the French; there is the noisy, violent, but conscious mania, sometimes called acute; and there is the quiet, orderly insanity with delusions, called by some *monomania*, by others *partial insanity*. *Acute mania* or acute delirium usually comes on very rapidly in persons under, rather than over, middle age, who are in the height of strength and vigour. The premonitory symptoms will vary much; but after great restlessness and excitement of manner, with sleeplessness and probably pain in the head, the outburst may suddenly occur with or without definite delusions. There will at first be intervals of comparative calm, till at last the storm breaks out, probably in the night-time. Then begins a period of raving unconscious delirium, with singing, shouting, and laughing, an incessant strain of incoherent talk, and perhaps perpetual motion of the limbs. The patient will not stay in bed, will not keep any clothes on, is wet and dirty; but he is not dangerous, and is only violent when opposed. Yet he must be placed where he cannot come to any harm. His room must be rendered safe, whether it be an asylum or not, for mechanical restraint must not be used here; it can only serve to exhaust the patient and prolong the attack. Such cases get well suddenly, recovering very rapidly when the delirium ceases, and may be quite well in a month, or even less, but they must be carefully tended while in the delirious stage. They require an empty room, dark, cool, and airy, with bed on the ground; and their clothes must be fastened so that they cannot strip them off. They do not, as a rule, refuse their food, though they are whimsical and require coaxing; sometimes rejecting it, sometimes eating ravenously.

Dr. Blandford's suggestions as to the treatment of these cases appear to us to be, on the whole, most valuable. He asks, What is the medical treatment of such a case? and truly answers, Very little so far as drugs are concerned. It has become the fashion now-a-days, on the idea that seclusion is part of the restraint system, to decry its use altogether; and we find, in the annual asylum reports of some asylum, self-laudatory remarks on the total, or almost total, abolition of seclusion in such asylum. But, to our experience, nothing is so necessary to a patient suffering from acute mania as total seclusion, and nothing so likely to cause the acute mania to degenerate into chronic mania as allowing a patient labouring under the former disease to associate with the external world of an ordinary lunatic ward.

“There is,” writes Dr. Blandford, “another form of mania, sometimes called ‘acute,’ characterised, not by delirium, but by noisy violence and outrageous mischief. It does not, as a rule, come on so suddenly as the last, but gradually develops till it reaches this stage. Nothing but an asylum will restrain or cure such a patient, for he is perfectly conscious, and with all the wits at his command taxes the temper and the ingenuity of those who have the care of him. His health appears tolerably good; he sleeps occasionally, perhaps by day, and makes night hideous with singing or shrieking. He will destroy

everything he can—clothes, furniture, bedding. He will be wet and dirty not from unconsciousness, but from pure love of causing trouble. Such patients try the temper and patience of all who have to do with them; they will go on for months in this state, and then get well or quiet down into a more orderly form of mania, or from continual excitement and want of sleep they may sink and die of exhaustion. These are the cases in which extended and prolonged muscular exercise has been recommended, and is of great service. In acute delirium this, I need not say, is out of the question; but in this subacute or noisy conscious mania, it will divert the normal bodily activity and procure a greater amount of sleep. It is here, also, that such drugs as tartar emetic, digitalis, and hydrocyanic acid are useful; opiates will not avail much, but the others will often allay the great excitement, and make a man more rational and obedient. For these know and understand perfectly what is said to them, and require to be treated with great firmness as well as kindness. Pre-eminently they demand moral control; their *amour propre*, their self-respect, must be stimulated. A man in acute delirium, under any kind of moral treatment, may regain consciousness and recover his right mind; but these patients, under rough hands, may degenerate into dementia or chronic insanity. They will eat heartily, and require plenty of food. The medicines I have mentioned must be carefully administered and closely watched, and of the three probably digitalis is the most useful, not in heroic doses of half an ounce, but in safer doses of half a drachm. There may be little to discover in the way of delusion in such, their insanity being chiefly displayed in action. On the other hand, they may be full of delusions and hallucinations, in which case the prognosis is less favorable, especially if the attack be prolonged. This kind of violent mania without marked delusions is in women often denominated *hysterical mania*, and it may last a very short or a very long time, varying from a few days to months; and an analogous form often occurs in young men who are nervous or weakly, or given to self-abuse. This may run its course in a few days, presenting all the appearance of a violent hysterical attack."

Dr. Blandford describes monomania as mania characterised, not by excitement, but simply by delusions; and when the patient acts orderly and tranquilly, and can talk rationally on other points, it is often termed *partial insanity*. Such insanity is usually chronic and the termination of a more acute attack, though without this some drift by degrees into the condition of delusion. When such delusions have appeared recently, and are traceable to some given cause, they may possibly be got rid of by change of scene, by the substitution of other employments and ideas, and similar appropriate treatment. But where they have been, apparently without any cause, evolved out of the disordered ideas of the brain, and when they remain and persist, immutable and inexplicable, they form, perhaps, the most incurable of all the varieties of insanity. In such cases the absence of necessity for immediate treatment frequently causes it to be postponed till the time is past and the disease is chronic and ineradicable.

Dr. Blandford next considers (Lecture VI) *Dementia*, which he defines to be an "annihilated intellect," a decay of the faculty of ideation, so that ideas are not retained in the mind, or have no

connection one with the other. Chronic dementia he passes by in a few words, and proceeds to acute dementia, which he distinguishes from Baillarger's *mélancholie avec stupeur*, by an absence of depression, by the history of the very earliest symptoms, and by the absence of suicidal attempts and suicidal refusal of food. The prognosis of this disease he considers to be eminently favorable; and as it usually occurs in persons "frail and delicate, with a weak and sensitive nervous organisation," medical treatment does much for them. The older the patient, says Dr. Blandford, the less favorable the prognosis and the greater probability of the super-vention of chronic dementia:—

"What is the treatment of such cases, and where is it to be carried out? An asylum is not absolutely necessary for them. The proper treatment can be applied as well in an ordinary house and family, though it can hardly be at home. They are for the most part passive rather than active patients. They require much stimulation and nutrition, which shall raise their prostrate nervous power and excite it without exhausting it. Plenty of food and stimulants will be requisite; brandy and wine—above all, warmth. Warmth which to others would be excessive and depressing, will barely suffice to raise their circulation to an ordinary level; warm rooms, warm baths, and warm clothing will all assist, as well as the warmth brought about by exercise. Cold shower-baths are often of great service, given as stimulants, not as depressants, for thirty or forty seconds, and followed by continued friction till the surface is warm. Tonic medicines, too, are valuable, as quinine and steel, and small stimulating doses of morphia. If the bowels are inactive, the mildest purgatives will suffice, as castor-oil or confection of senna. The catamenia will at first be absent in most cases; but this, after a time, will right itself, and meddling in this direction will do more harm than good. In the majority of cases such treatment will be successful."

Dr. Blandford then briefly sketches the symptoms of general paralysis of the insane, remarking, *inter alia*, that, as a rule, man is its chief victim, and that, although in the county asylums there are always some few female general paralytics to be found, perhaps in the proportion of 15 to 50 males, in the asylums for the better classes you may search in vain for a lady affected with general paralysis. Reviewing the pathology of general paralysis, he speaks favorably of the recent researches of Dr. Franz Meschede, contained in a paper published in Virchow's 'Archives,' 1865; an abstract of which, however, Dr. Blandford published in the last October number of this Journal.

Dr. Blandford concludes his course with the following words:—

"Such, gentlemen, are the chief varieties of insanity which it is expedient—nay, necessary—to bear in mind, either for diagnosis, prognosis, or treatment. Infinite subdivisions may be and have been made, for, in truth, as no two persons are alike in mind, so are no two alike in the method of their madness. And this applies equally to another subject, which, for the same reason, is as difficult as the classification—I allude to the definition of

insanity. Can we define it—can we do more than describe? Must our definition be of that negative kind which logicians tell us is no definition at all? Looking at these various forms of unsoundness of mind—at idiocy, at insanity with and without delusion, at instinctive and transitory insanity, at primary or secondary dementia—what can we say the disorder is? It is evidenced, as I stated, by what is *said* or *done*. This is the result; but if we keep in view the analysis of mind and mental processes laid down in the first lecture, we may, I think, arrive at a conception of what insanity is. *It is a want of co-ordination, of harmonious action of the two functions of the brain, commonly called feeling and intellect, a state either congenital or produced by disease, by which want of harmony true volition is distorted or destroyed.* The intellect may be defective, idiotic, or full of delusions, leading to acts devoid of intelligence or prompted by deluded ideas; or the intellect may remain clear, but blind and uncontrollable feeling may force a person to sudden and unaccountable action. Wherever the defect may be, the true harmony and co-operation of the two functions are suspended or lost. Hence true volition, which results from this perfect harmony, is interrupted, and insanity, an irresponsible and faulty mental condition, is the consequence. It were useless to recite the definitions of various authors, or to point out their defects. None can be perfect, for all must partake more or less of a negative character, inasmuch as insanity is the negative of sound mind. With one suggestion I take leave of the subject—avoid attempts at definition when you are in the witness-box.

“I now bring these brief ‘Notes’ to a conclusion. There are very many topics which I am compelled to pass over. On one or two I hope some day to say a few words.”

*An Account of a Second Case in which the Corpus Callosum was defective.* By J. LANGDON H. DOWN, M.D. Lond., Assistant-Physician to, and Lecturer on Materia Medica at, the London Hospital; Physician to the Asylum for Idiots, Earlswood.

Dr. LANGDON DOWN, in the forty-fourth volume of the ‘Transactions of the Medico-Chirurgical Society,’ published an account of a case in which the corpus callosum was defective. Another instance of this “rare abnormality” having come under his notice, he describes it to the same Society in the following words:

A. B— came under my observation in the autumn of 1858. He was the son of a clergyman, and had been submitted to the ordinary process of education with but trifling results. He had been taught to write a little, but he never exercised the art. He had learned to read easy words, and could answer simple questions. His power of calculation was almost *nil*. He was fond of music, had slight power of imitation, and his memory, although defective, was good in relation to persons and things. He was five feet four and three quarter inches in height, and weighed ten stone one pound. His trunk was well formed, and his facial expression that of an imbecile. He was shy, undemonstrative, fond of children (some of whom he petted), while towards persons of his own age and to the opposite sex he was violent and passionate. His friends were very desirous of asserting the non-congenital nature of the mental condition, and attributed it to masturbation. The diagnosis formed, however, was that it was congenital, and that the mas-



turbation was an accidental circumstance. This diagnosis was strengthened by reference to the other members of the family, who, although occupying good positions in the world, were manifestly not of average intellectual power. The habit of masturbation became entirely broken, and he gave himself up to simple employments, such as wheeling invalids in a Bath chair, and otherwise aiding those whom he petted.

He lived to forty years of age, when he died of pleuro-pneumonia. An autopsy was made thirty hours after death. The circumference of the head was twenty-one and a quarter inches; the bilateral curve, eleven and a half inches; the antero-posterior curve, twelve inches; the bilateral diameter, five and eight-tenths inches; the antero-posterior diameter, six and seven-tenths inches. The calvarium was unsymmetrical and dense, shelving anteriorly; the posterior clinoid processes were converted into sharp needle-like points; the encephalon weighed two pounds fourteen ounces. On separating the two hemispheres, the almost entire absence of the corpus callosum was apparent, and the velum interpositum exposed to view. A small cartilaginous-like band, seven twenty-fourths of an inch in breadth and one twenty-fourth of an inch in thickness, situated opposite the corpora striata, was the only representative of the great commissure. The fornix was represented by two thin posterior pillars; the body of the fornix and its anterior pillars were absent. The right optic thalamus was very much larger than the left. The cineritious portion of the brain was pale, the posterior cornua of the lateral ventricles were distended with straw-coloured serum, and the Pineal gland was the size of a wild cherry. The middle commissure was absent. The rarity of this abnormality may be indicated by the circumstance that it is only the second time I have met with it in the dissection of 150 brains of idiots."

### *Marriages of Consanguinity in relation to Degeneration of Race.*

By J. LANGDON H. DOWN, M.D. Lond.

(Clinical Lectures and Reports, London Hospital.)

WHETHER marriages of consanguinity do produce, to the extent usually supposed, degeneration of race, Dr. Down considers a doubtful point. It is true, he says, that Duvay, of Lyons, asserts "that in pure consanguinity, isolated from all circumstances of hereditary disease, resides, *ipse facto*, a principle of organic vitiation;" but in antithesis to this he places the assertion of Dr. Gilbert Child, that "the marriages of blood-relations have no tendency, *per se*, to produce degeneration of race."

"My notes refer," says Dr. Down, "to 1138 cases of idiots, 753 being males and 385 females, which I may say, *en passant*, is about the ratio, according to my experience, in which the sexes are affected by idiocy, viz., in the proportion of about two to one.

"I have taken the records with every care as to accuracy, and from the number have excluded all cases in which there was impossibility in obtaining information, or elements of doubt when obtained.

"Influenced only by these circumstances, I have eliminated 196 males and 90 females, leaving 557 males and 295 females, or a total of 852, on which the arguments will be based.

"Of the 753 male idiots, 33 were the progeny of first cousins; in two of

these instances there was another element elicited, viz., in one case the mother was also the product of first cousins, and in the other the mother was the product of cousins-germain, involving, therefore, in these two cases, an increased intensity of blood-relationship. Three cases were the progeny of second cousins, four of third cousins. In all, 40 cases out of 753, or only rather more than 5 per cent., could by any possibility have been due to consanguineous unions. Of the 295 females, 13 were the progeny of first cousins, 3 were the children of second and 4 those of third cousins. In all, 20 among 295, or little less than 7 per cent., could have been caused by the marriage of blood-relatives.

"The difference in the per-centage of idiots, the progeny of cousins, between the male and female sex is remarkable, but may, I think, be explained by the existence of a preponderating cause of idiocy on the part of males over females, in the larger size of the male cranium at birth, and the consequent greater risk of injury to the cranial contents during parturition.

"I am unable to speak with certainty how frequently the marriage of blood-relations takes place in an ordinary community, but I have made a careful inquiry into the family history of 200 persons who are sane and healthy, collected from different districts, and who belong to different families, and I find only one was the offspring of cousins, being  $\frac{1}{2}$  per cent.; and I learn that in that one instance he is the son of unusually healthy parents. Certainly, in his case there is no symptom of either physical or mental degeneracy, and he would probably be selected from among the 200 as one of the most robust and vigorous."

Then, having related several cases, Dr. Down proceeds to compare his statistics with those of Dr. Howe, U.S., on the same subject. Dr. Howe's 17 marriages produced 95 children, 46 per cent. of whom were idiots. Dr. Down's 20 marriages produced 138 children, only 18 per cent. of whom were idiots. And in contrast to these, he takes 20 other marriages, in which there was no consanguinity, producing 145 children, 18 per cent. being idiots. The great reason of the discrepancy between Dr. Howe's statistics and his own, Dr. Down believes to be due to the fact that, of the consanguineous progeny on which his data are founded, 55 per cent. were of average health, whereas only 39 per cent. of Dr. Howe's could be placed under that category.

*Observations on an Ethnic Classification of Idiots.* By J. LANGDON  
H. DOWN, M.D. Lond.

(Clinical Lectures and Reports, London Hospital.)

I have for some time, writes Dr. Down, had my attention directed to the possibility of making a classification of the feeble-minded, by arranging them around various ethnic standards—in other words, framing a natural system to supplement the information to be derived by an inquiry into the history of the case.

I have been able to find among the large number of idiots and imbeciles which come under my observation, both at Earlswood and the out-patient department of the hospital, that a considerable portion can be fairly referred

to one of the great divisions of the human family other than the class from which they have sprung. Of course, there are numerous representations of the great Caucasian family. Several well-marked examples of the Ethiopian variety have come under my notice, presenting the characteristic malar bones, the prominent eyes, the puffy lips, and retreating chin. The woolly hair has also been present, although not always black, nor has the skin acquired pigmentary deposit. They have been specimens of white negroes, although of European descent.

Some arrange themselves around the Malay variety, and present in their soft, black, curling hair, their prominent upper jaws and capacious mouth, types of the family which people the South Sea Islands. Nor have there been wanting the analogues of the people who, with shortened foreheads, prominent cheeks, deep-set eyes, and slightly apish nose, originally inhabited the American Continent.

The great Mongolian family has numerous representatives, and it is to this division I wish, in this paper, to call special attention. A very large number of congenital idiots are typical Mongols. So marked is this, that when placed side by side, it is difficult to believe that the specimens compared are not children of the same parents.

The number of idiots who arrange themselves around the Mongolian type is so great, and they present such a close resemblance to one another in mental power, that I shall describe an idiot member of this racial division, selected from the large number that have fallen under my observation :—

The hair is not black, as in the real Mongol, but of a brownish colour, straight and scanty. The face is flat and broad, and destitute of prominence. The cheeks are roundish, and extended laterally. The eyes are obliquely placed, and the internal canthi more than normally distant from one another. The palpebral fissure is very narrow. The forehead is wrinkled transversely, from the constant assistance which the levatores palpebrarum derive from the occipito-frontalis muscle in the opening of the eyes. The lips are large and thick, with transverse fissures. The tongue is long, thick, and is much roughened. The nose is small. The skin has a slight dirty-yellowish tinge, and is deficient in elasticity, giving the appearance of being too large for the body.

The boy's aspect is such, that it is difficult to realise that he is the child of Europeans; but so frequently are these characters presented, that there can be no doubt that these ethnic features are the result of degeneration.

The Mongolian type of idiocy occurs in more than 10 per cent. of the cases which are presented to me. They are always congenital idiots, and never result from accidents after uterine life. They are, for the most part, instances of degeneracy arising from tuberculosis in the parents. They are cases which very much repay judicious treatment. They require highly azotized food, with a considerable amount of oleaginous material. They have considerable power of imitation, even bordering on being mimics. They are humorous, and a lively sense of the ridiculous often colours their mimicry. This faculty of imitation may be cultivated to a very great extent, and a practical direction given to the results obtained. They are usually able to speak; the speech is thick and indistinct, but may be improved very greatly by a well-directed scheme of tongue gymnastics. The co-ordinating faculty is abnormal, but not so defective that it cannot be greatly strengthened. By systematic training, considerable manipulative power may be obtained.

The circulation is feeble; and whatever advance is made intellectually in the summer, some amount of retrogression may be expected in the winter. Their mental and physical capabilities are, in fact, directly as the temperature.

The improvement which training effects in them is greatly in excess of what would be predicated if one did not know the characteristics of the type. The life expectancy, however, is far below the average, and the tendency is to the tuberculosis which I believe to be the hereditary origin of the degeneracy.

Apart from the practical bearing of this attempt at an ethnic classification, considerable philosophical interest attaches to it. The tendency in the present day is to reject the opinion that the various races are merely varieties of the human family having a common origin, and to insist that climatic or other influences are sufficient to account for the different types of man. Here, however, we have examples of retrogression, or at all events, of departure from one type and the assumption of the characteristics of another.

If these great racial divisions are fixed and definite, how comes it that disease is able to break down the barrier, and to simulate so closely the features of the members of another division? I cannot but think that the observations which I have recorded are indications that the differences in the races are not specific, but variable.

These examples of the result of degeneracy among mankind appear to me to furnish some arguments in favour of the unity of the human species.

*St. Mary's Hospital. Case of Peculiar Delirium after Fever ;  
with Clinical Remarks. By Dr. HANDFIELD JONES, F.R.S.*

(‘British Medical Journal.’)

IN the ‘British Medical Journal’ for January 12th appears a case of peculiar delirium after fever, by Dr. Handfield Jones, which we append *in extenso*, as well as a letter from Dr. Lockhart Robertson which appeared in the same journal for the following week.

B. S—, female, æt. 12, was admitted March 1st, 1866. She had recently passed through a severe fever, in which she was highly delirious, requiring two or three persons to restrain her; and her hair had been cut off. She was very emaciated. A fit occurred the following day. When I saw her on March 9th, I was struck by her appearance as she lay in bed. Her manner was excited; her face had a determined but rather wild expression. She used the most foul and abusive language to me as I stood by her side, repeating the same thing or question again and again, in a loud, earnest, insistent voice. She had been in the same delirious state ever since she came in, and tried sometimes to get out of bed. She passed all her urine, and often her stools, in bed—and always would, if not watched. The motions appeared very healthy. Her appetite was very good indeed; she ate ravenously. She had not slept at all well until last night. The forehead was warm; pupils large; tongue clean; she put it out when asked. She was better all the morning until about 1 p.m. Pulse 105, weakish, sharp; heart's sounds normal, action sharp. Her mother seemed to be a very respectable woman. At times, the nurse said, she behaved as nicely as possible—spoke properly, and thanked her for her care. She took half an ounce of quinine mixture three times a day, and four ounces of port wine. She had till yesterday two ounces of brandy.

March 12th.—She was quieter; had been replaced in the large ward. She became excited at times; looked intently and eagerly at me, with a fixed gaze, as I stood by her bed; took my hand and tried to remove the

ring, but did not speak. A bottle of stout and six ounces of port were ordered.

16th.—She was much better, more rational, not abusive now at all. Her mental faculties were by no means yet in their normal state, but she was easily controlled when spoken to.

19th.—She was quite quiet and well-behaved; still very emaciated. Urine of specific gravity, 1023, not albuminous; deposited lithates and some mucus.

26th.—The skin was cold; pulse very feeble. She was much better; quite calm and rational, but had still a peculiar eager gaze. She took ordinary diet and one egg, and slept very well.

*Clinical remarks by Dr. JONES.*—This case was under the care of Dr. Alderson, to whose kindness I am indebted for permission to use it. The history suggests various considerations of much interest. The brain, we are sure, must have been ill-nourished, showing in this respect the condition of the body. Moreover, the fever-poison had affected it specially, as declared by the previous severe delirium. Its condition was one of prostration and excitement, well described, I think, by the term "hyperæsthesia." It may aid us in forming a better conception of this morbid cerebral affection, if we compare it, as I believe we may very correctly, with hyperæsthesia of a sensory nerve. In the latter, the nerve-power is not truly increased; it is essentially a state of weakness; and in its causation, as well as its cure, is closely related to neuralgia and anæsthesia. Its affinity to such a state of cerebral disorder as I have above described is well exhibited by the following highly interesting instance, which occurred in the practice of Dr. H. Greenwood, to whom I am indebted for the account:—A young man, convalescent from severe typhoid fever, had hyperæsthesia of the legs, and subsequently maniacal delirium, during which the hyperæsthesia disappeared, but returned again with great intensity as the delirium ceased in twelve days under the use of morphia. Here it seems quite reasonable to believe that the pathological condition of the peripheral nervous tissue, and of the cerebral, was very similar, if not identical. What is the exact modification which the neurine undergoes, we shall probably never ascertain; nor does it seem very important to do so, as long as we know what sort of change it is, what causes give rise to it, what state of vital power it betokens, and what treatment removes it. The occurrence of an epileptiform fit may be accounted for on the view that the hyperæsthesia extended from the hemispheres to the excitable districts. It is worth remarking, that there were no bed-sores, though the emaciation was very great. This indicates a considerable vitality of the skin. The internal tegument also preserved its vital endowments well, as shown by the capacity to take and digest food effectually. Herein Dr. Alderson's case contrasts favorably with one which I recorded lately (M. G.) where the powers of the stomach were greatly impaired, and there was frequent sickness and loathing of food. "Φυσίως αντιπράττουσις κενία πάντα," says Hippocrates. I am sure it is so when the stomach proves derelict to its duty.

### *Mania after Fever.*

*Letter from C. LOCKHART ROBERTSON, M.D.*

SIR,—With reference to Mr. Handfield Jones's interesting case of mania following fever, and to his clinical remarks, reported in the *British Medical Journal* of January 12th, it may be of interest to your readers to compare

these with the annexed passage, which I translate from Professor Griesinger's 'Systematic Treatise on Mental Diseases.' I am, &c.,

C. LOCKHART ROBERTSON.

Hayward's Heath;  
January, 1867.

"*Acute febrile diseases* of different kinds occasionally give rise to an outbreak of insanity; the disorders which they occasion within the organism seem to be the only causes of the insanity. Typhus fever, intermittent fever, cholera, the acute exanthemata, pneumonia, and acute rheumatism, are the diseases in which it occurs most frequently. In regard to the latter, the facts are as yet little known and studied: we shall here give this remarkable cause of mental disorders the consideration which it deserves.

"After typhus fever, and as well after a slight as after a severe attack, it is not at all rare to see a slight degree of mental disorder which may be placed in the same category with the slight affections of other parts of the nervous system—incomplete anæsthesia, transient paralysis of the extremities, &c. The patient, now quite free from fever, or even become convalescent, retains either some fragments of his former delirium, or he exhibits, independently of this, all kinds of perversities—erroneous ideas on various subjects, sometimes even in regard to himself; also hallucinations, with nervous exhaustion and weakness, without profound excitation of sentiment. This form of mental disturbance, this species of fragmentary delirium, admits of an altogether favorable prognosis, and almost always disappears rapidly when the nutrition is improved and the strength increased, even though, as sometimes occurs, a certain degree of maniacal excitement be associated with it. But there are also much more severe cases of true chronic insanity which commence during convalescence from typhus fever, or can at least be traced to this and to its slow commencement. Melancholia, which gradually increases; occasionally it is accompanied with stupor—sometimes with ideas of poisoning, refusal of food, early intermixture of symptoms of mental weakness, and transition to mania and profound dementia: such is the ordinary course of those cases in which recovery of the cerebral functions does not take place, which perhaps depend on permanent disturbances of nutrition of the brain; but, at all events, the prognosis is, according to experience, always unfavorable."\*

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\* "Those who have written upon typhus fever—for example, Chomel, Louis (ii, p. 33, 2nd ed.), Simon ('Journal des Connais. Med.-Chir.,' Août, 1844, p. 53), Sauret ('Annal. Méd.-Psychol.,' 1845, vi, p. 223), Leudet (ibid., 1850, p. 148), Thore (ibid.,\* p. 596), Schläger ('Oesterr. Zeitschrift für prakt. Heilk.,' 1857, 33-35), Tüngel ('Klinische Mittheilungen,' Hamburg, 1860, p. 18)—have also communicated cases of this description. Jacobi, in one eighth of his cases of mania, ascribes the disease to the consequences of typhus fever: it appears to me very doubtful, however, whether this has always been true typhus. Schläger found amongst five hundred mentally diseased, twenty-two cases which could be traced to typhus fever. I cannot indorse the opinion that the foundation of these cases is to be sought in the hyperæmia of the brain which remains after typhus fever; all point rather to states of anæmia and exhaustion, occasionally even with remnants of the fever. In exceptional cases, these diseases may be caused by the presence of sanguineous clots in the sinus of the dura mater, perhaps by meningitis, or by acute atrophy of the brain."

*On Insanity and the Criminal Responsibility of the Insane.* By  
THOMAS MORE MADDEN, M.R.I.A., &c. &c.

*(Read before the Medical Society of the College of Physicians in Ireland.)*

In the course of this interesting paper occur the following remarks:

"Instead of the numerous terms used to describe the various types and forms of insanity—and which seem to me, although, doubtless, of value to the psychological physician, calculated rather to embarrass and perplex, than to aid the medical witness in courts of law—I would venture to suggest that, for medico-legal purposes, unsoundness of mind, not including mental deficiency or idiocy, should be divided into the two classes, only, of general and partial insanity—the latter being the only one in which medical evidence is needed in cases of crime ascribed to insanity.

"A madman is, it may be presumed, one in whom the faculties, or any one of them, which should regulate and point out his relations and behaviour towards God, his neighbour, or himself, are either lost or impaired by disease.

"Obviously, such a person cannot be considered as either morally or legally responsible for his actions. For to be responsible for an act, it is essential that the person committing it should possess liberty of will as well as of action, which a lunatic does not enjoy, or he would be none.

"But besides the state of mind in which a man is responsible for his acts—or sanity, and that condition in which he is not accountable for them—or insanity—there is a third condition of mind in no way provided for by our law, and which seems not sufficiently recognised even by the medical profession. I allude to what Baron von Feuchtersleben terms 'a state of half freedom,' that is, a state of transition between the healthy and unsound mind, either preceding or following insanity. In this state, the patient is only partially able to exercise self-control, and therefore is but partially responsible for his actions. This peculiar condition of mind should be recognised by law in this country, as it is in France, where, on a jury bringing in a verdict of 'Plus innocent que coupable,' the Avocat-Général may order an investigation into the state of mind of the prisoner, and award a punishment in proportion to the real guilt of the accused.

"However, although insanity is too often punished as crime; on the other hand, crime sometimes shelters itself under the disguise of insanity. For my part, I am not one of those who share Lord Hale's opinion, that 'all crime is the result of partial insanity,' a dogma which appears to me not only subversive of the principles of all religion and dangerous to society, but at variance with common sense.

"Mere passion is not madness. Nor should any, so-called, irresistible impulse, not connected with a diseased brain, nor any emotion or custom which is not of itself a proof of insanity, be considered as conferring immunity from the just punishment of crime. None are free from passions or impulses, which, if they be not checked, may become almost irresistible from habit, and may lead to crime. But, in such cases, the perpetrators of crimes being accountable for the acts by which the control over the passions was originally weakened, they are equally accountable for all the consequences that may arise therefrom. A madman is not thus responsible, not being answerable for the diseased action in his brain whence the insane act proceeds.

"The law of England, as laid down by the judges in their reply to the queries of the House of Lords on this subject, is—that if the perpetrator of an action is capable of distinguishing right from wrong at the time he committed it, he is legally responsible for it, even though he may be partially insane. The following are the words of this decision :—

"1st. 'Notwithstanding that the party committing a wrong act, when labouring under the idea of redressing a supposed grievance or injury, or under the impression of obtaining some public or private benefit, he was liable to punishment.

"2nd. 'That before a plea of insanity should be allowed, undoubted evidence ought to be adduced that the accused was of diseased mind, and that at the time he committed the act he was not conscious of right or wrong. . . . Every person was supposed to know what the law was, and therefore nothing could justify a wrong act, except it was clearly proved the party did not know right from wrong. If that was not satisfactorily proved, the accused was liable to punishment.'

"The 3rd question was not answered, and as it was purely legal need not be quoted.

"4th. 'The judges were unanimous of opinion, that if the delusion was only partial, that the party accused was equally liable with the person of sane mind. If the accused killed another in self-defence, he would be entitled to an acquittal; but if committed for any supposed injury, he would then be liable to the punishment awarded by the laws for his crime.\*'"

*On the Two Types of Ancient British Skulls.* By JOHN THURNAM,  
M.D., Medical Superintendent, Wilts County Asylum.

('Medical Times and Gazette.')

The following appeared in the form of a letter in a late number of the 'Medical Times and Gazette':—

"In the review of Mr. Pike's valuable work, 'The English and their Origin,' in your number of the 23rd inst. (p. 206), the writer, adverting to the cranial conformation of the ancient Britons, ventures on a statement so remote from the fact, that I feel called upon to make a few observations in regard to it. The passage to which I refer is as follows :—

"'The theory promulgated by Dr. Thurnam, that in certain long barrows long skulls are invariably found, whereas in short barrows short skulls are found, apart from the *à priori* impossibility which such a *bizarre* classification appears to carry on its very face, has been proved to be altogether baseless.'

"So far from this being the case, the researches which I have been able to make during the last two years, and since my former memoir on this subject was published, in not less than ten or twelve long barrows of this part of Wiltshire, have produced eighteen additional skulls which show no exception whatever to the formula, which holds good for this part of England, of 'long barrows, long skulls.' It may be asserted, without fear of contradiction, that in no case whatever has a short, or brachycephalous, skull been yet found in the primary interments in any long barrow. On the contrary, the skulls which are found in them are very remarkable for their long and narrow form—such, indeed, as at the present day no longer

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\* 'Hansard's Parliamentary Debates,' 1843.



exist in Europe, and is equalled only in the crania of Negroes, Hindoos, or Melanesian islanders. As regards the round barrows and round skulls, I was well aware that the connection between the two was far from being so uniform as that between the long barrows and long skulls. But, notwithstanding some facts which show an admixture of the two types of skull, long and short, in the circular barrows, it may still be asserted, as is done even by Dr. Barnard Davis, that in the primary interments in this form of tumulus the prevailing cranial type is short and brachycephalic.

"More important than the connection between the form of the skull and the form of the barrow (which is, of course, altogether accidental, and may be, and no doubt is, reversed in different countries, or even in different parts of the same country), is that which I believe may be regarded as established between the form of the skull and the relative date, or chronological sequence, of the two classes of tumuli in which they are found. I cannot here give the proofs in detail, but there is every reason for believing that the long barrows are the most ancient sepulchral monuments of this part of Europe; and as no object of metal has in any well-authenticated instance been found in them, whilst those of stone and bone have so been found, they may clearly be referred to the Stone Age. The circular barrows, on the other hand, may be shown to be the latest of our pre-Roman British tombs, and not only yield objects of stone, but in many cases those of metal (bronze) also. They belong to the Bronze Age, which here, as in most other countries, succeeded to that of Stone. It would thus seem that the long-headed race, by whom the long barrows were erected, were at the first in sole occupation of the island; and that succeeding to and encroaching upon them came a short- or round-headed race, who raised round barrows over their dead, and by whom, or in whose time, bronze appears to have been introduced. It is not, however, probable, or in accordance with what usually obtains under like circumstances, that the entire race of long-heads was extirpated by the new-comers; and thus the remains of both races may be looked for in the circular barrows; though, as a rule, those of the conquering and dominant one will be found to prevail, and are especially met with in the more honorable—primary or central—place of interment.

"It will be seen that, equally with the writer of this review, I admit 'the co-existence of the two types' of skull, a dolichocephalic and brachycephalic one, among the ancient Britons; but that I differ from him in denying that two such different forms can by possibility belong to one and the same 'typical ancient British skull.' These two statements are in fact incompatible and mutually destructive. What we actually find are two distinct types among ancient British skulls which, in respect to the cerebral portion of the cranium, differ from each other, on an average, almost or quite as much as do the skulls of Slavonians and African Negroes.

"I need scarcely refer to the distinguished anthropologists, both of this country and the continent, by whom my views on this question have been, more or less, adopted and indorsed, but may, perhaps, be excused for naming M. P. Broca and Professor Huxley. It appears to me that, whilst it was open to the reviewer to have stated that the results I had arrived at required confirmation from other and independent researches, it was hardly so to assert that they have been 'proved to be altogether baseless.'

"I have embodied the facts collected, during the additional excavations of the last two years, in a paper recently communicated to the Anthropological Society of London, and which, I understand, will be read at the meeting on Tuesday next, March 5."

## PART IV.—NOTES AND NEWS.

### *The Lunacy Commissioners and the Surgical Home for Women.*

*Letter from* CHARLES P. PHILLIPS, Esq.

SIR,—The Commissioners in Lunacy having observed in the *Times* of the 15th ultimo a paragraph relating to the London Surgical Home, it became their duty to communicate upon the subject of it with the founder and Senior Surgeon of that institution.

I forward herewith a copy of the correspondence. As the matter is of considerable public importance, the Commissioners hope that you will be able to give the letters a place in your Journal. I am, &c.

CHARLES PALMER PHILLIPS, *Secretary*.

Office of Commissioners in Lunacy, 19, Whitehall Place, S.W. ;  
January 23rd, 1867.

Office of Commissioners in Lunacy, 19, Whitehall Place, S.W. ;  
January 3rd, 1867.

SIR,—I am directed to transmit for your perusal the enclosed copy of a paragraph which appeared in the *Times* newspaper of the 15th ultimo; and to inform you that the House-Surgeon of the London Surgical Home, having attended a meeting of this Board on Monday last to explain that paragraph, then substantially admitted to the Commissioners present the reception into the Home of females of unsound mind.

The Commissioners will now be glad to hear from yourself, as Senior Surgeon of the Home, whether there is any and what mistake in the paragraph, or on the part of the House-Surgeon, as to the objects of the Home; and, if any mistake has arisen, whether you have taken, or intend immediately to take, any and what steps to disabuse the public mind upon the subject of this apparent violation of the Lunacy Law.

I am, Sir, your obedient servant,

CHARLES PALMER PHILLIPS, *Secretary*.

I. BAKER BROWN, Esq.

[The paragraph in the *Times* newspaper above referred to, and in that newspaper headed "The London Surgical Home," contained the following passage: "A peculiar feature of the Home is, that, in addition to the ordinary maladies which come under the head of surgical diseases, women are received who are of unsound mind, provided that their infirmities are not hereditary or of a long duration previous to their application for admission. In it the great experiment is being made for the first time of endeavouring to cure mental diseases by surgical operations."]

136, Harley Street, Cavendish Square, W. ;  
January 5th, 1867.

SIR,—In answer to your communication dated the 3rd inst., I beg to state that the article in the *Times* newspaper to which you refer was written by a gentleman, a perfect stranger to me, who came on the part of the *Times* newspaper, was shown over the Home and supplied with all the papers by

the Secretary; and I never saw the article until it appeared in print the next morning. I was very much vexed at the mistake therein, and instantly took such steps to ensure correction as I thought would be sufficient. I have been daily waiting to see my hopes realised, and am now most willing to take any steps the Commissioners may advise to disabuse the public mind upon the subject of any apparent violation of the Lunacy Law.

I shall be very happy to wait upon the Commissioners to offer any further explanation, if they think it necessary. I remain, &c.,

I. B. BROWN.

CHARLES PALMER PHILLIPS, Esq.

Office of Commissioners in Lunacy, 19, Whitehall Place, S.W.;  
January 8th, 1867.

SIR,—The Commissioners, observing with pleasure your sense of the gravity of the mistake in the *Times'* article of the 15th ultimo upon the London Surgical Home, direct me to acknowledge their receipt of your letter of the 5th inst., and at once to obtain from yourself, as Senior Surgeon of that institution, a plain and direct contradiction of its being open for the reception of females of unsound mind. The Commissioners doubt not that, in possession of such an authoritative contradiction, they will be able themselves to procure for it that necessary publicity which you have hitherto failed to get.

I am, &c.,

CHARLES PALMER PHILLIPS, Secretary.

I. BAKER BROWN, Esq.,  
The London Surgical Home.

136, Harley Street, Cavendish Square, W.;  
January 10th, 1867.

SIR,—I have no hesitation at once in stating, as Senior Surgeon and founder of the London Surgical Home, that the institution is not open for the reception of females of unsound mind, and in no papers or advertisements issued or published by authority has it ever been stated so. During last year, one patient, a servant of —, was taken in as suffering from hysteria. I immediately discovered she was of unsound mind, and, as quickly as possible, had her removed to Hanwell Asylum. I am, &c.,

I. B. BROWN.

CHARLES PALMER PHILLIPS, Esq.

*Mr. Baker Brown must feel highly favoured that a special reporter should have been despatched from Printing House Square to describe his institution. We presume, however, that the statement made in the report was furnished to that gentleman by some one officially connected with the Home. The profession will take note of Mr. Brown's announcement, that no patient of unsound mind has been cured of the disorder by clitoridectomy, in the Surgical Home. It was understood that such cures were the striking proofs of the efficacy of that procedure.\*—British Medical Journal, January 26th.*

\* SURGERY FOR LUNATICS.—In the painful and disgusting case of Hancock v. Peaty, the advocate, Dr. Spinks, stated that the unfortunate lunatic had been placed under the care of Mr. Baker Brown, who, "unknown to her husband, had performed a most cruel, and he might say barbarous, operation upon her." As this is one of the great experiments for the cure of mental diseases by surgical operation to which the '*Times*,' on unknown authority, alluded, and which Mr. Baker Brown so promptly confounded his house-surgeon by repudiating, so far as his Home is concerned, when interrogated by the Lunacy Commissioners, the statement of Dr. Spinks is not without importance. Mr. Peaty himself is reported

*Dr. Kitching on the Gheel Question.*

Closely connected with the question of the personal liberty and the social enjoyment of the lunatic patient, is a subject which has engaged considerable attention of late under the name of the Cottage System of treating lunatics. In the well-known colony of Gheel in Belgium, this plan has been extensively practised, and the ideas which underlie the experiment are based upon much that is sound and valuable. They may be enumerated as follows:—

1. The view of placing the patient in sane society.
2. That of training him to some industrial pursuit, and giving him an abundance of fresh air.
3. That of allowing him more personal liberty and a nearer approximation to the ordinary modes of social life than he could have in an asylum.

Notwithstanding the plausibility of these views, the plan as carried out at Gheel is acknowledged by some of the best judges to have failed in producing the full benefits anticipated from it.

Its failure was inevitable, as plans founded on wrong principles must sooner or later always be. Whilst seeking to avoid the evils of large establishments, it ran into the opposite extreme of individual treatment—a mode of treatment the least adapted to many forms of lunacy, even in their chronic stage. The lunatic cannot, in an isolated condition, be supplied with all that he requires, on account of the expense of providing it. The treatment must therefore be an associate treatment, except in the case of wealthy persons. Unless the sane persons amongst whom the lunatic is cast in such an arrangement as that at Gheel be adapted by the possession of sound judgment and humane motives for rightly influencing the patients, it is evident they must commit errors of the gravest import to the welfare of the latter. The society of sane persons is doubtless a desideratum in the treatment of insane individuals; but to have a beneficial influence in promoting their recovery, the associates of the insane must possess qualities which the rustics of a village cannot indiscriminately claim. It is often feared that the mutual association of insane persons must have a reciprocally injurious influence, and this is often stated as a drawback to sending patients to lunatic establishments. There are cases in which the action of one insane patient upon another is pernicious, but the influence of a sane mind without discrimination and judgment may be much more so. To this I believe all concerned in the management of the insane will readily assent.

The industrial training which forms a prominent feature in the Gheel plan, can be quite as well carried on in a large lunatic asylum, and in the latter is much less liable to be monotonous and influenced by sordid motives than in the cottage of the artisan. The third idea, that of less restraint and of exemption from the crowd-force and routine of a large establishment, is only of weight as regards a certain proportion of the insane. In most acute, and all violent cases either of mania or melancholia, the associate action of an establishment, and the moral influence of its power, are of the highest value; means of treatment are also possessed which cannot exist in private dwellings. These views, however, are fully consistent with the belief, that for a

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in the 'Daily Telegraph' to have stated in evidence, "I never gave the smallest sanction to her being taken to Mr. Baker Brown's establishment, and I am even now in the dark as to what the operation was that was performed upon her. I wrote a most passionate letter to her sister, complaining of her being subjected to such barbarous treatment." We have the best authority for stating that the above statements have engaged the attention of the Lunacy Commissioners.—*British Medical Journal*, February 2nd.

portion of the insane, the regulations of a large asylum, the pressure of numbers, and the adaptations for the severer forms of mental disease to which all the inmates must in some degree be subject, are not necessary and are not beneficial; but that, on the contrary, they oppress the mind and form conditions, if not unfavorable to recovery, at least productive of much unprofitable discomfort. For these the possession of more personal liberty, the enjoyment of more social advantages and a more home-like mode of life, are conditions, for depriving them of which no moral or psychological reason exists. There are three classes of patients to whom I think this statement applies.

First—Those patients whose mental impairment consists in the milder forms of melancholia, of moral or of emotional insanity, which, while they deprive them of the faculty of entire self-government, and unfit them for the responsibilities and, more or less, for the pursuits of life, neither destroy the reasoning powers, deaden the sensibilities, nor introduce any element of danger into the outer or inner life.

Second—Those chronic cases in which some harmless, fixed delusion, the residuum of a more pervading active form of insanity, co-exists with much power of general self-regulation and an intelligent appreciation of the concerns and interests of ordinary life. Decided intellectual tastes, and love for literary or scientific pursuits, often accompany this stage of insanity, and are cultivated with pleasure and success.

Third—Those patients who are liable to occasional or periodical attacks of acute disorder, but who have long intervals of partial sanity. In some of these cases, the lucid intervals are apparently complete; but to the skilled observer, there is an arrest of convalescence at a sufficient distance from complete sanity to deter the physician from subjecting the patient, during any portion of the interval, to the difficulty and hazard of self-government, and entire freedom from surveillance and control. The writer has for many years entertained the opinion that for patients affected, like those above specified, with the lighter forms of insanity, who retain a large measure of mental and moral capacity, a position in which they might have medical advice and skilled surveillance, whilst enjoying a larger range of personal liberty and social intercourse than is possible with the all-embracing arrangements and uniformity inevitable in a large establishment, would not only diminish the sufferings attendant upon insanity in the aggregate, but form an advance in its treatment which claims to be tried at the earliest period that it can be carried into effect.

It is difficult to trace the origin of our ideas. To me these views appear to have risen up as the result of long observation and careful consideration of the different kinds and degrees of insanity, with their various claims, capacities, and sensibilities. They have, however, deepened and gathered strength during the last few years. Views of a similar tendency, in some instances going much beyond mine, have been expressed by several of the leading psychologists of the day. In some of the county asylums they have been partially carried out by the erection of separate buildings in the grounds of the establishment or in the neighbourhood, and their use as dwellings for patients on the footing of small social or family parties. This plan was adopted by Dr. Bucknill at Exminster, and by Dr. Robertson at Hayward's Heath. Recently, on the female side of the Colney Hatch Asylum, a detached building, having the appearance of a large ordinary dwelling-house, has been thus appropriated to the residence of about thirty female patients. It goes by the name of "The Home," and the energetic matron, under whose auspices this project has been chiefly carried out, assured the writer that it is an object of ardent aspiration with the patients to be allowed to form a member of the party at "The Home." These movements involve

a question of general application, and have in view the introduction of an improvement in the mode of treating certain classes of insane patients—an improvement which the writer believes is gaining ground in the minds of the most thoughtful psychologists, and to which the advancing intelligence and humanity of the age are tending. The permanent sequestration of all kinds and degrees of insanity in one promiscuous asylum or hospital, will probably be regarded, in the course of a few years, in the light of an anomaly.

The asylum plan of treatment is based, in the present state of legal and practical psychiatry, upon a theoretical uniformity which makes no distinction between the more profound and the lighter forms of insanity, or between one stage of insanity and another. It is allowed on all hands that for the former, the associate treatment and provisions of a large establishment are needful for their safety, and best adapted for their cure. For the latter, who form a not inconsiderable proportion of the insane, the proposition here advanced is that the present asylum plan is not required. The cases included in this class of mental infirmity require separation from their friends and special treatment—but for them a beneficial alteration of the present asylum plan might be made.

Great as are the improvements in the treatment of the insane already secured, and in securing which the Retreat has had no small share, these improvements have not reached the *ne plus ultra*. The direction in which further advances are to be sought, is in the way of a provision by which the barrier separating the world of insanity from that of the sane shall be reduced to its least practicable dimensions; in other words, by which the nearest possible approximation may be attained in the life, habits, pursuits, enjoyments, and social condition of the insane to those of sane society.—*The Seventieth Report of the Friends' Retreat near York, 1866.*

### *The Metropolitan Poor Bill.*

The object of the Metropolitan Poor Bill, then, is to separate the management of the sick and impotent poor from that of the other classes claiming parochial relief. With this view, it proposes to give the Poor-Law Board powers to divide the metropolis into a number of districts, in each of which separate asylums shall be erected, as the Board shall from time to time deem necessary, for the care and treatment of the lunatic and imbecile poor, of those afflicted with fever or smallpox, and of those labouring under other forms of disease. The funds for the erection of these establishments it is proposed to raise by a general rate on the whole metropolis; but their management will be confided to local boards, one of which will be provided for each district. For the maintenance of the asylums it is proposed to follow a somewhat different system. Those for the insane, and for the fever and smallpox patients, will be supported from the general metropolitan fund; while the bulk of the expenses of those for the ordinary sick will fall on the parishes from which the patients are sent. The boards of management will be formed from the ratepayers of the several districts, and will consist of elective and nominated managers—the former to be appointed by the guardians of the parishes forming the district from among themselves, and from the ratepayers assessed to the poor-rate on an annual value not less than £100; and the latter to be named by the Poor-law Board from among justices of the peace resident in, and assessed to the poor-rate of, the district, on a similar annual value. The number of nominated managers is not to exceed one third of the prescribed number of elective managers; but the total number to be elected, their qualifications, and their tenure of office, are from time to time to be fixed by the Poor-law Board. The fitting-up

and furnishing of the asylums, and the provision of medical and surgical appliances and other requisites, are likewise to be determined by the Poor-law Board, who are further to regulate the mode of admission of the patients.

It will be seen from these details that this bill meditates most material innovations in the administration of the Poor-law. Of its general object, we most cordially approve; nevertheless, we cannot help regarding with some apprehension several of its special provisions. And, first, we are inclined to doubt the propriety of throwing the maintenance of the insane and the fever and smallpox patients on the general metropolitan fund. The reason for this proposal lies apparently in the conviction that insanity, fever, and smallpox are not likely to become sources of imposition, and that there is a necessity for separating the patients affected with these diseases from the rest of the community: but, granting this, we would nevertheless submit that if the maintenance of the insane poor is thrown upon the general fund, the result will be a speedy and enormous increase in their numbers. So long as the maintenance of the pauper insane falls upon their individual parishes, the ingenuity of the parochial medical officers is taxed to show that many forms of insanity and idiocy are but slight constitutional imperfections which do not fall within the statutory definition of lunacy; but once let it be made the interest of the parishes to regard all their weak-minded paupers as lunatics, and the parochial medical officers will soon acquire a new light on the subject, and certify accordingly. This danger should be guarded against, as well as that which will ensue from making the admission of patients into the proposed asylums too much a matter of course. In all probability, these hospitals will not be regarded by the poorer classes in the same light as the workhouse infirmaries: of necessity they will not possess the same deterrent character; and they will thus be more readily resorted to by petty tradesmen and others who ought not to come within the scope of the Poor-law. It will be necessary, therefore, to take precautions against utterly destroying the independent feelings of these classes of the community. When, in ordinary circumstances, a necessity arises for charitable aid, it does not necessarily follow that the whole burden of the pauper's maintenance should be undertaken by his parish. An allowance of two or three shillings a week may be all that is necessary; and even in the case of sickness, where the patient is treated at home, part of his maintenance is still as a rule defrayed by himself. Could effect not be given to the same principle, and the patient be made to contribute according to his means, although recourse were had to asylum treatment? We must always bear in mind that, although the disease may not be simulated, the necessity to have recourse to public charity may be, and that it is therefore proper not to diminish too much the immediate interest to detect imposition. But if the bill goes too far in widening the area of chargeability for insane and fever patients, it seems to us to err on the other side by narrowing too much the field for the maintenance of the ordinary sick, by throwing it on their respective parishes. In our opinion, a better course would be to make the area of chargeability in all cases co-extensive with the districts. This would tend to equalise the burdens without too much diminishing the check on unnecessary expenditure. A general fund, raised by assessing a population of three millions, will be too likely to be regarded as a fair field for plunder; whereas a rate borne by perhaps a tenth part of this population will still convey the impression of individual contribution and individual responsibility.

But the most objectionable feature of the bill, we think, is the unconstitutional authority which it vests in the Poor-law Board. To this body power is given to make and unmake districts, to determine what asylums shall be provided, to fix the number of managers and nominate that third which is

non-elective, to regulate the mode of admission of patients, and to prescribe what furniture, fixtures, and conveniences shall be provided. These powers are of so extensive a character, that they should be clearly defined by statute, and not left to the discretion of a board which may possibly use them in a crotchety and despotic manner. The Legislature has already seen fit to withdraw, in a great measure, the treatment of the insane poor from the Poor-law authorities, and to vest it in bodies specially constituted for the purpose. But these bodies—called asylum visitors in England, and district boards in Scotland—are elected in the former country from the Justices, and in the latter from the Commissioners of Supply, in accordance with distinct statutory provisions. With them rests the right, subject simply to the approval of the Commissioners in Lunacy, of arranging the districts, erecting the asylums, and providing for the proper care and treatment of the insane poor. In the event of neglect by the visitors or district boards to erect an asylum, the Commissioners are authorised to apply to the Secretary of State, or the Court of Session, for authority to compel them. But neither in England nor in Scotland have the Commissioners power to require that medical appliances or particular articles of furniture shall be supplied. Their functions are limited to visitation and reporting; but it is free to the visitors in England, and to the district boards in Scotland, to adopt or reject any of the recommendations which the reports of the Commissioners may contain. The results of this system, however, have been so favorable, that in no country in the world are the asylums for the insane so well conducted as in Great Britain. We hold, then, that the boards for the management of the proposed metropolitan asylums should be nominated under direct statutory authority, and nowise at second-hand by the Poor-law Board. The evils of the present system have, we believe, arisen from throwing the powers of the guardians chiefly into the hands of men of narrow education and restricted views, who are incapable of acting in an enlightened and liberal spirit. To avoid this error, the new boards should be elected by a higher class of ratepayers—by such, perhaps, as are assessed on an annual value of at least £100; but it would be a mistake to require a similar, or indeed any fixed, amount of annual assessment as a qualification for the district board. A provision of this kind might lead to the exclusion of the men best calculated for the satisfactory discharge of the duties—of professional men, for instance, who were still on the threshold of their career, with knowledge and leisure, but without funds to live in a high-rented house.—*Scotsman*, March 7th.

### *The Supervision of Lunatics in Private Dwellings.*

Year by year, the difficulties of making proper provision for the care of the increasing numbers of the insane poor grow more and more formidable. The last Report of the English Commissioners in Lunacy, telling as it does of the frequent enlargements of existing asylums, of the building of new asylums, and of the continuing pressure for increased accommodation, repeats an oft-told tale, which has ceased to excite attention only because of its familiarity. Of forty-five county and borough asylums in England, more than half are nearly full, quite full, or more than full; while those that have yet some accommodation left are not likely to have it long, at the present steady rate of yearly increase in the number of the pauper insane. No wonder that a feeling has grown up in some minds, and is now finding active expression in different quarters, that some means should be adopted of relieving the pressure on the overgrown and overcrowded asylums, other than the multiplication of their numbers and the increase of their size. With this aim, the system of placing insane patients in private dwellings,



under suitable regulations, has been advocated; and we have more than once directed attention to the proposal, not only because of the promise which it offers of getting rid of a fast-growing difficulty, but because it assuredly requires careful consideration ere it be sanctioned and carried into effect. The last Report of the Scotch Lunacy Board furnishes some valuable data for the formation of a judgment upon a question which has hitherto been discussed on theoretical grounds, rather than from a practical point of view.

In Scotland there are at the present time upwards of 1600 pauper insane persons living in private dwellings at a moderate cost, against 2299 pauper insane maintained in public asylums at a more than double cost. What, then, is the condition of these single patients? We learn from the full reports of the Deputy Commissioners, whose work it is to visit them, to inspect the accommodation given them, and regularly to supervise their treatment, that their condition, bad as it unquestionably was some years ago, has now been rendered eminently satisfactory. Indeed, Dr. Mitchell, one of the Deputy Commissioners, can now venture to say confidently that for 1500 of these incurable and harmless insane living in private dwellings a reasonable provision has been made, and that their happiness and comfort would not be increased by any other mode of management. "They enjoy life more," he adds, "and will live longer than they would do if placed either in poorhouses or asylums; and to leave them where they are is the course which is at once humane and economical." In face of this official declaration, it will be necessary to pause before rejecting on theoretical grounds in England a plan which seems to have been justified by such complete practical success in Scotland.

If any steps be taken in the same direction in this country—if the experiment be tried of placing some of the harmless insane in private dwellings, and thus opening an outlet of relief to the overcrowded asylums—it will be of prime and essential importance to provide most stringently for the frequent and systematic supervision of them. There should certainly be appointed officers like the Deputy Commissioners of Scotland, or like the Chancery Visitors of England, whose duty it should be to visit regularly these single patients, and to examine into their treatment; and not only so, but to search out the many insane persons who are undoubtedly now living illegally in different parts of the country, unknown to the Commissioners, without proper orders and medical certificates. The law enacts that every Chancery patient must be seen by the proper authorities once each quarter, and that every patient in a private asylum must be visited officially at least six times a year—by the Commissioners in Lunacy, if the asylum be within the metropolitan district; by the Visiting Justices and the Commissioners, if it be a provincial asylum. What is necessary for patients under the jurisdiction of the Court of Chancery, or in private asylums, is still more necessary for single patients living under the charge of any irresponsible person who may choose to receive them for profit, and under circumstances in which the danger of abuses growing up is very great. Indeed, the experience of the Scotch Lunacy Board has shown conclusively that the character of the treatment of insane persons in private houses is entirely dependent on the completeness and adequacy of official inspection. The horrible and wretched state of the Scotch single patients, before a system of regular inspection was instituted, as compared with their present comfortable and contented condition—many of them now being regularly, and some of them even profitably, employed—was very similar to the heartrending condition of the insane in asylums years past, as compared with what it is now, when more enlightened views prevail and better management is ensured. In one of the Scotch counties, in which many single insane patients are now living, satisfactorily cared for

in every regard, a young woman had lived for many years naked in a frightful cage, while her sister had been allowed to wander almost naked in the woods; another young woman had passed her life constantly chained to a big stone; a man was confined in a bare, windowless cell, which had been built expressly for him; others were found miserably neglected, naked, filthy, and half-starved. It is probable that those who were responsible for this cruel neglect did not err from any actual cruelty of disposition, but from the vulgar, unreasoning horror of the insane, and from an entire ignorance of what their condition demanded. But one great advantage of official inspection was, that it was official instruction; and so it has come to pass in Scotland that, in proportion as those having the care of single patients have been penetrated with better views of their acquirements, the means of their treatment has undergone a remarkable improvement, and now leaves little or nothing to be desired. It is a question, then, which may justly claim to be carefully weighed, whether the extension to England of a system which now works so well in Scotland can be advantageously made; or whether, on the other hand, there are special circumstances in the latter country which render its success there exceptional.

Whether it be thought desirable or not to supplement the present inadequate asylum system in England by placing harmless and incurable lunatics in private dwellings, there can be no manner of doubt of the necessity of a more regular and stringent inspection of single patients than is at present practised, or is indeed practicable with the existing staff of Commissioners. On the 1st of January, 1865, there were 212 single patients who had been certified according to the statute, and the number had increased to 227 on the 1st of January, 1866. Of these, 43 were Chancery patients, so that there remained only 184 patients whom it was necessary for the Commissioners to visit. To these, only 191 visits were made during the year; whence it follows that, with few exceptions, each certified patient was officially seen once in the year. Every one must admit this to be an entirely inadequate inspection. But this is not all: it is quite certain that numbers of insane persons are living as lodgers throughout the country without being legally certified; and though the Commissioners, when they accidentally discover such a case, endeavour to vindicate the law by prosecuting the offenders, yet they are unable, being already so fully occupied, to take proper steps for searching out these illegally placed insane patients, and for affording them the protection which they should rightly have. It needs not the occasional revelations of ill-treatment which occur and excite a painful sensation, to prove that many of the insane are still deprived of that protection to which, by their helpless state, they are peculiarly entitled.—*British Medical Journal*, January 12.

### *Medical Psychological Association.*

THE ANNUAL MEETING OF THE MEDICO-PSYCHOLOGICAL ASSOCIATION FOR 1867 WILL BE HELD IN LONDON, UNDER THE PRESIDENCY OF DR. LOCKHART ROBERTSON, EARLY IN JULY.

COMMUNICATIONS, &c. &c., IN REFERENCE TO THE ANNUAL MEETING TO BE ADDRESSED TO THE HONORARY SECRETARY (DR. HARRINGTON TUKE), 37, ALBEMARLE STREET, LONDON, W.

### *Publications Received, 1867.*

'Trousseau's Lectures on Clinical Medicine.' Delivered at the Hôtel-Dieu, Paris, by A. Trousseau, Professor of Clinical Medicine in the Faculty of Medicine, Paris; Physician to the Hôtel-Dieu; Member of the Imperial Academy

of Medicine; Commander of the Legion of Honour; Grand Officer of the Order of the Lion and the Sun of Persia; Ex-Representative of the People in the National Assembly, &c. &c. &c. Translated and Edited, with Notes and Appendices, by P. Victor Bazire, M.D. Lond. and Paris, Assistant-Physician to the National Hospital for the Paralysed and Epileptic; Medical Registrar of the Westminster Hospital.

To be completed in Twelve Parts, demy 8vo, at 4s. each. Part I:—1. Venesection in Cerebral Hæmorrhage and Apoplexy; 2. Apoplecticiform Cerebral Congestion, and its Relations to Epilepsy and Eclampsia; 3. Epilepsy; 4. Epileptiform Neuralgia; 5. Glosso-laryngeal Paralysis; 6. Progressive Locomotor Ataxy; 7. Aphasia. Part II:—8. Progressive Muscular Atrophy; 9. Facial Paralysis; 10. Cross-Paralysis; 11. Infantile Convulsions; 12. Eclampsia of Pregnant and of Parturient Women; 13. Tetanism; 14. Chorea; 15. Senile Trembling and Paralysis Agitans; 16. Cerebral Fever and Chronic Hydrocephalus; 17. Neuralgia. Part III, in the press, will contain—Cerebral Rheumatism; Exophthalmic Goitre; Angina Pectoris; Asthma; Hooping-cough; Hydrophobia.

*Will be reviewed in our next number.*

'*Traité des Maladies Mentales, Pathologie et Thérapeutique*,' par W. Griesinger. Traduit de l'Allemand (2<sup>e</sup> Edition), sous les yeux de l'Auteur, par le Dr. Donnic, Médecin de la Maison Centrale de Poissy.—Paris: 1865. Pp. 592.

'*Medicine and Psychology: the Annual Address to the Hunterian Society for 1866.*' By Dennis de Berdt Hovell, F.R.C.S. Eng.—London: Bell & Daldy, 186, Fleet Street.

'*St. George's Hospital Reports.*' Edited by John W. Ogle, M.D., F.R.C.P., and T. Holmes, F.R.C.S. Vol. I. Contents:—1. Some Account of St. George's Hospital. By Dr. Page.—2. Contributions to the Surgery of the Head. No. I. On the Deviations of the Base of the Skull in Chronic Hydrocephalus. By Mr. Prescott Hewett.—3. Iodine Injection in Meningocele. By Mr. Holmes.—4. On the Typhus Epidemic of 1864-5. By Dr. Reginald Thompson.—5. Notes on an Epidemic of Typhus at Leeds. By Mr. Clifford Allbutt.—6. On Progressive Locomotor Ataxy. By Mr. Lockhart Clarke.—7. On Rheumatic Iritis. By Mr. Rouse.—8. On Cerebral Symptoms produced by Pressure on the Contents of the Labyrinth. By the late Mr. Toynebee.—9. On some Points connected with the Treatment of Hernia. By Mr. J. W. Haward.—10. On Amputation at the Hip-joint. By Mr. Holmes.—11. On Disease of the Brain as a Result of Diabetes Mellitus. By Dr. John W. Ogle.—12. On Jaundice. By Dr. H. Bence Jones.—13. On Puerperal Paralysis. By Dr. Fussell, of Brighton.—14. On Hypodermic Injections. By Mr. Hunter.—15. On Congenital Dislocations of the Femur. By Mr. Brodhurst.—16. On the Diurnal Variations in the Temperature of the Human Body in Health. By Dr. William Ogle.—17. On Rupture of Arteries from External Injury. By Mr. Pollock.—18. On Disease of the Cerebral Vessels. By Dr. Dickinson.—19. On Talipes Varus. By Mr. Brodhurst.—20. On Talipes Equinus. By Mr. Naylor.—21. On the Statistics of Amputation at St. George's Hospital. By Mr. Holmes.—22. On the Statistics of the Dental Department of St. George's Hospital. By Mr. Vasey.—Annual Medical Report for 1865. By Dr. Octavius Sturges.—Annual Surgical Report for 1865. By Mr. Pick.—London: John Churchill and Sons, New Burlington Street. 1866.

'*On Epilepsy, Hysteria, and Ataxy.*' By Julius Althaus, M.D., M.R.C.P., Physician to the London Infirmary for Epilepsy and Paralysis.—London: John Churchill and Sons, New Burlington Street. Crown 8vo. Pp. 126.

*We shall refer to this essay in our next number in connection with Mr. Lockhart Clarke's able Monograph on Progressive Locomotor Ataxy in the St. George's Hospital Reports.*

'On Uncontrollable Drunkenness; considered as a Form of Mental Disorder. With Suggestions for its Treatment, and the Organisation of Sanatoria for Dipsomaniacs.' By Forbes Winslow, M.D. Aberd., D.C.L. Oxon. London: Robert Hardwicke, 192, Piccadilly. 1867. (Pamphlet.)

'Revelation and Science: being a Critical Examination of a Sermon on "The Unsearchableness of God," preached at St. Matthew's Church, Nottingham, on Sunday, August 26th, 1866, on the occasion of the Meeting of the British Association for the Advancement of Science.' By Daniel Moore, M.A., Honorary Chaplain in Ordinary to the Queen, &c.; Author of 'The Age and the Gospel,' &c. By T. Wilson, M.D., Member of the British Association. Rivingtons, London, Oxford, and Cambridge. Nottingham: R. Allen and Son. 1866. (Pamphlet.)

'On Insanity and the Criminal Responsibility of the Insane.' By Thomas More Madden, M.R.I.A., Licentiate of the King and Queen's College of Physicians in Ireland. (Read before the Medical Society of the College of Physicians in Ireland.)—Dublin: John Falconer. 1866. (Pamphlet.)

'Casuistry, Moral Philosophy, and Moral Theology. An Inaugural Lecture, delivered in the Senate House, Cambridge, on Tuesday, December 4th, 1866.' By F. D. Maurice, M.A., Knightbridge Professor to the University of Cambridge, and Incumbent of St. Peter's, Vere Street. London: Macmillan and Co. 1866.

*We congratulate the University of Cambridge on the accession of a man of genius to the ranks of her teachers, and of having found so brilliant a philosopher to succeed to the chair once held by Dr. Whewell. The University has, moreover, asserted in this election her old predilections towards religious toleration. Forced to leave King's College, London, under an imputation of teaching heresy, while professing his faith that, deep as are the depths of hell, the power of Christ is greater, and His love deeper, Professor Maurice may well console himself for the slight of past years in the unanimous welcome with which the University of Cambridge greeted his first appearance as Knightbridge Professor.*

'Obituary Notice of Dr. Conolly.' By Sir James Clark, Bart., M.D. (Pamphlet.) Read at the Ethnological Society, June 12th, 1866.

'Modern Culture; its True Aims and Requirements. A Series of Addresses and Arguments on the Claims of Scientific Education, by Professors Tyndall, Daubeny, Huxley, Paget, Whewell, Faraday, Draper, Masson, De Morgan, Owen; Drs. Hodgson, Carpenter, Hooker, Acland, Forbes, Grove, &c. Edited by Edward L. Youmans, M.D.—Macmillan and Co. 1867. (See Part II, Reviews.)

### Appointments.

Mr. C. H. Moore, of Middlesex Hospital, has been elected Surgeon at St. Luke's Hospital, in room of Mr. Luke, resigned. Mr. Luke has held this office for thirty-four years. The duties include attendance at the Board with the physicians for the admission of patients, and general surgical functions. It is also the surgeon's duty to make a special report upon every case of injury or of violent accident at death.—*British Medical Journal*, January 19.

Barker, J. C., L.R.C.S.I., has been appointed Junior Assistant Medical Officer to the County Lunatic Asylum at Rainhill.

Campbell, John A., M.D., C.M., Assistant Medical Officer to the Durham County Lunatic Asylum, has been appointed Assistant Medical Officer to the Cumberland and Westmoreland Counties Asylum.

Christie, Thomas B., M.D. St. And., M.R.C.P. Lond., F.R.C.P. Edin., late of Pembroke House, Hackney, has been appointed Medical Superintendent of the North Riding Asylum, Clifton, York.

Frederick Sutton, M.R.C.S. Eng., L.S.A. Lond., Assistant Medical Officer of the Norfolk County Asylum, Thorpe, near Norwich, has been appointed Medical Superintendent of the Norwich Borough Asylum, *vice* J. Hyde Mpherson, resigned.

### Obituary.

ALEXANDER J. SUTHERLAND, M.D., F.R.S.—After a lingering illness of five years, Dr. Alexander John Sutherland died at Brighton on the 31st January. A memoir of this eminent physician will appear in the next number of this Journal.

### Notice to Correspondents.

English books for review, pamphlets, exchange journals, &c., to be sent either by book-post to Dr. Robertson, Hayward's Heath, Sussex; or to the care of the publishers of the Journal, Messrs. Churchill and Sons, New Burlington Street. French, German, and American publications may be forwarded Dr. Robertson, by foreign book-post, or to Messrs. Williams and Norg, Henrietta Street, Covent Garden, to the care of their German, French, and American agents, Mr. Hartmann, Leipzig; M. Borrari, 9, Rue de St. Pé Paris; Messrs. Westermann and Co., Broadway, New York.

Authors of Original Papers wishing *Reprints* for private circulation can have them on application to the Printer of the Journal, Mr. Adlard, Bartholomew Close, E.C., at a fixed charge of 30s. per sheet per 100 copies, including coloured wrapper and title-page.

The copies of *The Journal of Mental Science* are regularly sent *by Book* (prepaid) to the ordinary Members of the Association, and to our Home Foreign Correspondents; and Dr. Robertson will be glad to be informed of irregularity in their receipt or overcharge in the Postage.

The following *EXCHANGE JOURNALS* have been regularly received at our last publication:

The *Annales Médico-Psychologiques*; the *Zeitschrift für Psychiatrie*; *Correspondenz Blatt der deutschen Gesellschaft für Psychiatrie*; *Archiv für Psychiatrie*; the *Irren Freund*; *Journal de Médecine Mentale*; *Archivio Ital per le Malattie Nervose e per le Alienazioni Mentali*; *Medizinische Jahrbü (Zeitschrift der K. K. Gesellschaft der Aerzte in Wien)*; the *Edinburgh Medical Journal*; the *American Journal of Insanity*; the *British and Foreign Medical Surgical Review*; the *Dublin Quarterly Journal*; the *Medical Mirror*; the *British Medical Journal*; the *Medical Circular*; and the *Journal of the Society of Arts*. Also the *Morningside Mirror*; the *York Star*; *Excelsior*, or *Murray Royal Institution Literary Gazette*.

The Honorary Secretary has received the following letter:—

VIENNA, 2.9, 1861

SIR,—I present you my respects and sincerest thanks for the honour being created an Honorary Member of your celebrated Medico-Psychological Association.

Feeling myself much flattered and honoured by that election, I shall avail myself of my best endeavours to avail myself of it.

At the same time, I beg leave to present to the Association my Compendium 'Lehrbuch der psychischen Krankheiten.'

I am, Sir, with much respect,

Your obedient servant,

MAX LEIDESDORF,

To Dr. Tukey, Hon. Sec.

Medico-Psychological Association.

Professor at the University of Vienna.

THE JOURNAL OF MENTAL SCIENCE, JULY, 1867.

[Published by authority of the Medico-Psychological Association.]

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# THE JOURNAL OF MENTAL SCIENCE.

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VOL. XIII.

## PART I.—ORIGINAL ARTICLES.

*The Case of Henry Gabites; a Medico-legal Study.* By JOHN KITCHING, M.D., Medical Superintendent of the Friends' Retreat, York.

At the winter gaol delivery for the West Riding of York, held at Leeds in December, 1866, Henry Gabites was indicted for the murder of Arthur Allen.

Henry Gabites and Arthur Allen were fellow-apprentices to a draper in Fargate, Sheffield, whose name was Edward Draper. Gabites was sixteen and a half years old; Allen was a year and a half younger, and had only been in the business about nine months. The two youths slept together in the same room, and had the room to themselves. Since the arrival of Allen, as the youngest apprentice, he and Gabites had been companions and friends. They had had no quarrel, so far as the rest of the family had observed, up to the time of the tragedy, although a slight event had occurred a few days previously, which had, to some extent, altered their mutual feelings.

In the week preceding the death of Allen, he and Gabites had taken a walk together, in the course of which they entered a confectioner's shop, and Allen bought some refreshment, for which he could not pay. This irregularity was reported to Mr. Draper, and the latter, in the exercise of a laudable care for the moral conduct of his family, forbade the youths to leave his house after business hours till further notice. The prohibition was made on Saturday. On Monday night Gabites was observed to be dull and heavy, and complained of headache. His companion and himself went to bed, and appeared to be on their usual friendly terms. The following morning Gabites went, about half-past seven o'clock, to his master's



bedroom, and, knocking at the door, said, "I have killed Arthur." His master asked him what he meant. He said again, "I have killed Arthur." In reply to a further question, he added, "I have murdered him with a hammer, and stabbed him with a knife." On being asked what he had done it for, he replied, "For revenge." Mr. Draper rushed to the bedroom, and found the narrative too literally substantiated by what he saw. Allen was lying in bed on his back, in a pool of blood. There was a carving-knife on the bed beside him, and a hammer on the dressing-table. Mr. Favell, the surgeon, was sent for, and he found three wounds on the person of Allen—one about two inches in extent on the left temple, another upon the crown of the head, and a third under the left ear. The first was a fracture and depression of the skull, the temporal bone was broken, and a portion driven in upon the brain. The second was a fracture upon the crown of the head, but the bone was not driven in or displaced. The third wound, in the neck, was superficial. The wounds on the head were evidently produced by a blunt instrument. Death rapidly ensued.

Gabites was sent to the town hall, in charge of a fellow-apprentice, whom he asked on the way what he should say when they arrived. He was told to say that he had killed Arthur Allen; and he gave the policeman an account of the deed nearly in the words he had first used to his master.

So rude and violent an interruption to the peaceful current of domestic life in a well-conducted family naturally drew an unusual amount of curiosity to the antecedents of a youth who had startled it with so dire a tragedy. Domestic broils, youthful quarrels, heart-burnings, and jealousies, amid the miscellaneous persons employed in a trading establishment, are sufficiently common, and are usually settled by squabbles and petty acts of retaliation, which are ordinarily unknown beyond the narrow circle in which they originate; but the sacrifice of life as an atonement for some petty offence, or in revenge for some slight injury, is an event so strange, and presents so much that differs from the ordinary incidents of murder, that it is no wonder if public curiosity was much excited regarding the history and mental condition of the stripling homicide. Did this disaster, by which the life of an unoffending boy was destroyed, spring from the bloodthirsty passions of a miscreant, or the insensate surrender of a weak and unsound mind to the temporary domination of a homicidal impulse? Was Gabites, in the ordinary sense of the term, a fully accountable being, or was he affected with some form of insanity which deprived him of the powers necessary to resist temptation and curb his impulses? Was he, in fact, a murderer or a maniac? These were the questions naturally asked by every one. They were thoroughly investigated at the trial, and an endeavour was then made to solve them. The present paper contains an

account of the principal features of this trial, and what the writer regards as a solution of the questions above propounded.

Henry Gabites was born on the 16th of March, 1850. He was the youngest but one of seven children. His mother was a delicate woman, and died about ten years ago of consumption. She was a fond and affectionate mother, and devoted herself to the welfare and training of her children. The father was a painter by trade, and so long as his first wife lived was in comfortable circumstances. When about a year old, Henry was attacked with fits. Under medical advice leeches were applied, and the mother, thinking what was once beneficial would always be so, kept leeches in the house, to be ready whenever the fits returned, which they continued to do for about two years. As the fits declined, they gave place to deafness, which remained with varying intensity for many years. The mother was apprehensive that the duration and severity of the fits had seriously affected the child's constitution, and she was several times heard to say she hoped it would please the Lord to take Henry before herself, for she was afraid the fits would make him wanting in mind. She lived long enough to see her fears realised. She observed an evident defect in the mind of her boy. He had not the sprightliness and vivacity, nor the intellectual capacity common to children of his age. Those who knew the family noticed that Henry was a dull, feeble-minded boy. They described him as stupid and daft, having a vacant, soft, and simple look. He was also shy and retiring, not entering into the pastimes of other boys. Along with these intellectual defects, it was allowed on all hands that he was an amiable, docile boy, having never exhibited any approach to malice or vindictiveness. The teacher of the day-school which he attended regularly up to the time of his mother's death, irregularly after it, during a period of seven years, deposed that he always had a smile or smirk on his face. There seemed a vacancy and innocency in him different from the other boys. His disposition was very amiable, not at all vindictive or rough, remarkably easy to guide. He was diffident and retiring, seldom in any scrape, always on good terms with his playmates.

Up to the age of six years he had the advantage of a devoted mother's tender and loving care. After a year's interval a woful domestic change took place. His father married a second wife—a young woman whose character and conduct presented a most unhappy contrast to those of her predecessor in his affections. The fortunes and respectability of the family rapidly declined. To Henry and his younger sister the change was portentous. The second Mrs. Gabites possessed neither affection nor feeling for the children. She was a woman of a violent temper, and treated the children with more than the proverbial harshness of a stepmother. Her conduct towards them is represented as persecuting and cruel. She kept

them almost constantly engaged in hard and slavish toil, and forced Henry to do the work of a domestic drudge—scouring the floors, washing the walls, &c. She kept him short of food, so that the neighbours often gave him bread in secret. She beat him till he was bruised and sore, and rendered his life abjectly miserable. To this physical ill usage was added the bitterness of threats and denunciations that he would some day come to the gallows. His weak and tender mind was so cowed and overawed by this tyranny, that he acquired a full belief in the future realisation of this prediction. During the time he was thus ill-treated he is described as being amiable and docile—more like a girl in character than a boy—timid, shrinking, and compliant. From an early age he had been sent to school both on week-days and Sundays. Whilst his mother lived his attendance was regular; after her death it was much less so. A few months previously to his going to Mr. Draper's he was employed as an errand-boy by a draper in Hull, from which place he went to Sheffield.

The above details form a brief outline of this wretched boy's career up to the sad crisis in which it has culminated. Very early in life an aggravation of the sufferings to which infancy is exposed, followed by infirmity of body and mind, sufficient to rouse the solicitude of a kind and watchful mother for the future reason of her boy; then the transference to the hard discipline of a cruel step-mother, who pursued a course of treatment strangely adapted to aggravate any feebleness or imperfection in the mental or moral constitution of the boy, or even to impair it if sound; finally, the awful catastrophe, so unlike the succession of developments in ordinary lives:—these form materials for interesting psychological study, and challenge careful inquiry whether there be here the usual ingredients of criminal ebullition, or the natural procession and result of psychical disorder. The friends of Gabites thought there was sufficient reason in his history and the inexplicable nature of his crime to doubt his sanity; and, with a view to his defence on that ground, they engaged Dr. Williams and the writer to examine him. This, of course, is the usual practice in criminal trials. The law presumes every man to be sane till he is proved to be the contrary, and it lies in the defence to bring forward the proof. Looking at this practice with regard to the elimination of truth, it has patent disadvantages. Its tendency is in favour of partisanship, and against that calm impartiality with which a weighty scientific question involving the distinction of disease from crime, and the issues of life and death, ought to be investigated. Perhaps it is impossible for any one, however great may be his desire for an impartial and just conclusion, not to be in some degree biased towards that view of the question which he knows he is sent in the hope of being able to support. It is very probable that this consideration may have the effect of somewhat

magnifying the minor indications, and of inclining the scale of opinion in what might otherwise be held doubtful. But there is this to be said : what holds true of one side is equally true of the other ; so that the net result may simply be a more or less exaggerated interpretation of the symptoms making in favour of each side. If this be the case with regard to medical evidence, it is in a higher degree true of non-professional evidence. The measurement of human intellect is not based upon any standard which is universally accepted. Every person estimates mental competence according to a standard of his own fixing, or by reference to some other individuals who, according to the different points of view from which they are regarded, may hold very different positions in reference to mental capacity or deficiency. This liability to a variation in the standard is further increased when the intellect is immature from youth. Another element of complexity is introduced into the problem—an additional source of vagueness and uncertainty. Hence it happens that what appears gross stupidity to some is only a common mediocrity in the eyes of others. What seems proof of a weak capacity according to the judgment of one witness, is compatible with ordinary ability in the view of another. The conscious shrinking which indicates, in the opinion of some, an over-sensitive and morbid moodiness of mind, possesses, in the estimate of others, the character of a proper and natural shyness. A shy disposition explains the phenomenon to their satisfaction. The word “disposition”—the relative position and mutual influence of the various tendencies in the mind as they commingle and manifest themselves in resulting character—is an admirable term, but when used as explaining morbid phenomena, it obscures instead of throwing light upon them. These remarks refer to a class of difficulties in the way of arriving at a uniform conclusion, which reside in the minds of those from whom testimony is sought. There are other and formidable difficulties inherent in the subject itself. The moral and intellectual training, including the associations and influences to which an individual has been exposed, forms a prominent element of the difficulty alluded to. A mind originally weak may be strengthened by culture ; defective moral faculties may be invigorated by careful training. Vicious propensities may be repressed ; violent impulses may be assuaged ; morbid irregularities may be tempered. If the domestic and social circumstances of a young person have been favorable, these results will undoubtedly, in a greater or less degree, have been brought about. On the other hand, if the circumstances have been adverse to the implanting and promotion of what is good and virtuous, the opposite result will follow, and what is morbid in the character will be strengthened and developed. If the process of wise training be suddenly cut short, and succeeded by a mode of treatment which is calculated to vitiate what is good, and exasperate what is bad and

defective, the effect may be naturally expected in a confused jumble of opposite and contradictory manifestations, the unhealthy and disproportionate ascendancy of evil propensities strangely and hideously contrasting with other and better qualities, perhaps, more habitually displayed.

These considerations, however imperfectly set forth, are strictly relevant to the case in point. The determination of the soundness or unsoundness of mind in a person so young as Gabites, standing in the terrible position he did, required that all these sources of difficulty—in other words, sources of error—should be held in view, and demanded all the elucidation which the circumstances of his past life could throw upon them. There is also another consideration of some importance not to be lost sight of in the difference between the insanity of juvenile and of adult persons. Juvenile insanity more easily escapes detection, or eludes observation under a latent form, than when it exists in adult or more advanced life. Cases are quite common in which insanity has been creeping along with the advancing years of a boy or girl, every now and then strongly suspected, but not fully recognised until it has burst out in some sudden act of unmistakable madness. In tender years there are not the same data for comparison as at a later period of life. An adult has an established character—a long series of antecedents to appeal to—a long array of duties discharged or responsibilities sustained, as a basis for instituting a comparison or forming a judgment. But with all these facilities for discrimination in the case of adults, the access of mental impairment in them is often so gradual, and comes under so many varieties of guise, that the early indications are recognised with difficulty, and only clearly accepted for what they are when they have undergone further development, and entered upon the domain of confirmed lunacy. If this be so with adults, it is much more so with young persons. In early youth, the freaks and eccentricities of temper, to which that age is liable, cast a blind over the incipient manifestations of mental disorder, and quiet alarm as to their real tendency. They are the vagaries of a nature not subjected to the control of a developed and intelligent will—the weedy crop of a life not yet subjugated by a sense of responsibility, which will grow with an increase of days, reduce the moral chaos to order, and put the bridle of a respectable regularity upon it. These expectations are doomed to disappointment by the explosion of the morbid energies in some flagrant act of cruelty or violence. Then a flood of light is thrown upon the indications of the past, and the insanity so disastrously declared absorbs the accumulated irregularities that have gone before, and binds them into a thick bundle of tangible disease.

The practical application of these remarks to the diagnosis of juvenile insanity is obvious; but the physician is placed at a great

disadvantage when the symptom which most of all satisfies his own judgment consists of some flagrant violation of the law or some desperate injury to life or limb. He is suspected of a desire to screen a criminal, or serve some humanitarian crotchet of his own. The cloudy region of motive has necessarily to be travelled through, and the adequacy or inadequacy of the reason assigned, or the object to be attained on the supposition of a mind in full possession of its powers to be discriminated. No case in recent times affords a better illustration of what is here adduced than that of the unfortunate Townley.

There does not appear to have been much in his previous history to give very clear data for the conclusion that his mind was unsound, and that the explosion which afterwards occurred was the natural working out of the ascending force of the disease. The killing of his sweetheart and his subsequent conduct were the most important links in the otherwise slender chain of evidence upon which the diagnosis of his insanity hung. And how suspiciously and jealously was this evidence received! Yet now, after the whole tragedy has been enacted, and what would have been has been suddenly enveloped in the black pall of death, who doubts Townley's madness? Cases like Townley's are surely very instructive, and should have the effect of teaching the uninitiated something of modesty and diffidence in dogmatising upon these difficult questions. A larger amount of forbearance and respect might very well be awarded to those witnesses who have been brought in their daily life into closer contact with the sufferings and trials of their fellow-creatures, and into closer intimacy with the secret miseries of families and individuals than any other class of persons, than has sometimes been awarded to them by the unconcerned public. These claims are often too lightly esteemed, and too easily set aside by a thirst for revenge and the false pretence of the security of society and protection against immunity for crime.

No one could undertake the duty of examining Gabites, and pronouncing a conscientious judgment on his mental condition, without having reflections similar to these suggested to him; without being impressed with the anticipation of what he might have to undergo in court, or to sustain at the hands of a portion of the public which prefers the excitement of an execution for murder to the dull and disappointing process of being convinced that the accused is a lunatic. It was always easier to divide the Gordian knot with a sword than to perform the tedious operation of unravelling its intricacies, and it continues to be so; and to the sensational spectator the slashing solution gives a livelier emotion, and is proportionally relished.

The interests of humanity, however, and the vindication of the truth, must not yield to any considerations of personal comfort, any

unworthy truckling to popular prejudice on the one hand, or the fear of persecution and ridicule on the other. A cross-examination when popular prejudice runs in favour of forensic licence, is an ordeal no one can enjoy ; but if it promote, by ever so little, the establishment of sound principles, and throw abroad a spark of light on a material theme, it must be unflinchingly encountered. It is a privilege at the cost of any personal sacrifice to be made instrumental in the acceptance and diffusion of a valuable truth.

My visit to Gabites was on Sunday, the 16th of December. By the kindness of the jailer I was permitted the use of his room, and the prisoner was brought in and allowed to remain with me as long as I wished. As Gabites entered I was struck with his childish appearance. He is a short, plump, pale-faced boy, standing more than five feet one inch in height, of a timid and amiable expression of countenance. The impression first conveyed is that of a rather engaging lad—it is only on a closer observation of his features that you perceive a slightly dogged and suspicious look, due mainly to the well-closed mouth and a certain restlessness in the eyes. His look is, however, weak, simple, and unintelligent. The face is unsymmetrical, the right side projecting considerably more beyond the mesial line than the left. The teeth on the right side of the jaw are large and coarse, jammed together, and irregular. The head is rather large and broad, and, like the face, unsymmetrical on the two sides, the right being larger than the left ; both sides, however, displaying that character which has been called by anatomists ventricular. The eyes are large, dark in colour, soft in expression, and surmounted by good clear eyebrows. The conjunctivæ are injected ; but the pupils not contracted ; rather open. Complexion pale, slightly brown ; skin a little unctuous. On examining him with regard to his mental capacity, it was evident that he was either badly educated, or his abilities for acquiring knowledge were of a low order. His acquaintance with elementary learning was loose and inaccurate. He gave me very decidedly the impression that his intellectual abilities were below the average of boys of his own age. A want of clearness of apprehension was evinced throughout. He remembered a variety of particulars in the ordinary branches of school education, but they remained vague and isolated in his memory, and had undergone no intellectual assimilation. The same holds good as regards his comprehension of things moral and religious. It is difficult to convey an idea of the superficialness with which his answers impressed me as the all-pervading character of his mind. A universal feebleness of tone both in the ideas and the emotions suggested a poor cerebral organisation and defective function. There seemed no power of receiving deep impressions, and a great want of the power of reflection. The affections had received no cultivation for many years, and therefore could not be expected

to be very strong ; but his demeanour during my visit led me to the conclusion that they were exceptionally inert or wanting. The moral sense, the perception of the difference between right and wrong, was not absent, but, like all the other faculties, was vague. He had learned at the Sunday school the commandment, "Thou shalt not steal," and therefore knew it was wrong to steal ; but he stole sometimes and felt no compunction for it. He knew the difference between truth and falsehood, but had told lies when it suited him, without feeling condemnation. He had practised masturbation, but stated that he had abandoned it, because he thought it was "rude."

He answered the questions put to him frankly, and to the best of his power, without much reserve, and apparently without any attempt to prevaricate or feign. His manner induced the belief that he was simply telling the truth. Of course the most interesting portion of the examination was that connected with the commission of the murder. He spoke of the persecution and cruelty to which he had been subjected, and the misery which he always felt from what he had to endure. He stated that he had been so often told that he should come to the gallows, that he always believed he should. The means by which he should come to this end would be by killing somebody. Who this somebody was he had no idea. He often thought he must kill himself, and once he had run away from home with the intention of drowning himself ; but his courage had failed. This running away was spoken to by some of the witnesses. When he came to Mr. Draper's as an apprentice, he had a fixed belief on his mind that he must kill either himself or somebody else. For some time he had slept in a room with a young man who was much older and bigger than himself. He had often thought of killing him, but had never attempted to do it, because he was so much younger and weaker than his companion. He had been very fond of Allen (the victim) and had no spite against him, but when he was punished by his master for what he considered Allen's fault, the idea of killing Allen arose in his mind. It was on a Saturday that this idea took possession of him ; and on Sunday he went to Carver Street Chapel, and whilst there his mind was entirely engaged with the idea of the killing, and he made up his mind to do it. On Monday he secreted the hammer and knife, denying all knowledge of them when they were inquired for. He remained on friendly terms with Allen all the time ; nobody observed any difference in his behaviour till Monday night, when he felt very dull, and was asked what was the matter, when he replied that he had a bad headache, which was true. He went to bed and slept, but woke early in the morning with the deadly purpose still fixed in his mind. He waited till he could see, and then, whilst Allen was sleeping, struck him a violent blow with the hammer on the temple. At this Allen started



up in bed and frightened him, when he again struck him, and the poor fellow fell back insensible. But lest he should rise again or make a noise, he (Gabites) then took the knife and stabbed him in the neck. These horrible details were related with a stolidity and an insensibility to their true nature, which, though inadequate to the legal definition of "not knowing the nature and quality of the act," could only arise from a most imperfect appreciation of its nature and quality.

Having now accomplished his purpose, and believing that he had now only done what he must some time or other have done, he left the house and proceeded to the town hall in order to deliver himself up to the police. By the time he reached the police-office he came to the conclusion that the police would not believe his tale, and that it would be better to have somebody with him to corroborate it. He therefore walked past the town hall; and after rambling about the town awhile, returned home and informed his master as already detailed. After the inquest he was kept in the police-cells, and slept there alone several nights. He was not afraid of being alone in the dark, and he slept as well as usual. He had no visions or startling dreams, and had had none since coming to Armley Gaol. He was now very sorry for what he had done, because he was afraid he should be hung, and hanging was a thing he should dread. He had rather be imprisoned for life. Dr. Williams examined him on the following day; but we did not meet till the day of the trial, and then only in court. Our conclusions were therefore formed separately and independently, and they were that Gabites was of unsound mind. We both thought there was sufficient evidence of this to justify us in endeavouring to establish it in court. The prosecution forthwith engaged medical evidence to rebut our opinion.

It was evident, therefore, that this trial was to be another of those medical and forensic contests in which victory was to be as eagerly sought as truth, and in which an endeavour would again be made to throw confusion over the difference between sanity and insanity, often sufficiently nebulous, by the refinements and absurdities of metaphysical definitions.

Dr. T. P. Smith, of the Mount Stead private asylum, examined Gabites for twenty minutes on the morning of his trial, and discovered nothing that was indicative of unsoundness of mind. Dr. Smith stated that Gabites had conversed with him calmly and rationally, had answered quietly all questions put to him, but had volunteered nothing; his answers were rational and pertinent to the questions; Dr. Smith had no doubt the accused quite understood right from wrong. Dr. Smith stated that the "physique" of Gabites was slightly defective, and the body small for his age; that his head was undeveloped to a slight degree, and the lower part of his face very receding and undeveloped. The rest of Dr. Smith's

evidence turned chiefly on the metaphysical character of homicidal insanity and monomania, and as having little practical application to the case in court may be passed over. His general conclusion was, that because in the course of twenty minutes' conversation with Gabites he had not detected unsoundness of mind, there was none, and that the accused was a sane, and fully responsible person.

Dr. Smith was not asked, either in chief or cross-examination, a single question as to the motive which had induced Gabites to kill Allen. Gabites had said, when asked why he had killed his fellow-apprentice, that he had done it for revenge. Whether it was that this allegation was considered by all parties so satisfactory and natural that it could only be quietly accepted, or whether it was so manifestly absurd and inadequate, that it was better for the prosecution to keep it entirely out of view, it is not easy to decide. Mr. Waddy, for the defence, seemed about to bring out this important aspect in the case, when he asked Dr. Smith whether "if a man committed a crime, which was entirely opposed to the whole current of his previous life, and committed it, too, without any apparent reason, that was not a sign of intellectual weakness?" Dr. Smith replied, "It might be a sign of mental weakness, but I should expect some other signs." "No doubt," said the counsel, "but would you expect other signs in the case of a youth who, when a child, had been long subject to fits—would he not be more likely to have disease of the brain than any other person who when a child had not been subject to fits?" Dr. Smith, "Yes, he would be more likely, certainly." Mr. Waddy, "Even at maturity would he be more likely to have disease of the brain than a person who when a child had not been subject to fits?" Dr. Smith, "Yes, he would be more likely than a person who was perfectly sound, or in other words, had never had fits." At this point the cross-examination diverged into much less pertinent channels, and the impression it was likely to convey was attacked by the prosecuting counsel with one of those questions so much more likely to hide than elicit the truth in a special case. "Would you conclude that every man who for the first time committed a crime was insane, having previously led a good life?"

A question put in this form is delusive, and if not intended, is calculated, by excluding a regard to special cases, to throw a blind over them, as well as to cast ridicule upon the supposition that in any case the commission of a great crime, by a man hitherto moral and inoffensive, might result from disease. What is true of individual cases is not true universally, and what is true universally flies far above that which is equally and additionally true of special cases. It is not true that in every case where a previously moral and inoffensive person commits a flagrant crime, his commission of that act is a proof of insanity. His previous good conduct may aggravate

the criminality of the deed ; but it is true that in some cases the first commission of a cruel, violent, or unlawful deed may be the declarative symptom of an impaired mind.

Dr. Williams gave his evidence in a very direct and clear manner. He thought the way in which Gabites committed the act for which he was on his trial proved the unsoundness of his mind. Prisoner had stated to him what I was ignorant of, that whilst he was killing Allen, he was repeating the Lord's Prayer in a hurried manner—and Dr. Williams came to the conclusion that Gabites was a homicidal maniac.

The writer's evidence, as given at the trial, is fairly summed up in the 'Sheffield and Rotherham Independent,' from which the following extract is taken as embodying its essentials :—

"Dr. Kitching said : 'I have examined the prisoner, and as the result of my examination, I say he is of unsound mind.'

"Mr. Waddy (to witness). 'Will you explain the state of mind in which the prisoner actually was?' Witness : 'Yes. He is a very imperfectly developed being, both physically and mentally. His intellectual powers are feeble and have not been developed to the average extent of persons at his age. His knowledge is very small compared with his opportunities. His moral faculties are exceedingly feeble and obtuse, and his knowledge of things with which boys are usually well acquainted is exceedingly limited and imperfect. He told me he had never heard the Bible read except when he was at the Sunday school ; that at the Sunday school he was taught the ten commandments very carefully and diligently, but that he could not tell them in order at all ; that he had been taught all the books of the Bible, but could not enumerate the first five, and the commonest facts of our religion are unknown to him. As described by a previous witness, he was "daft." There was such a want of common sense in the lad, that I look upon him as a person of very imperfect mind, both intellectually and morally. His intellectual and moral faculties are so low that he is not to the ordinary extent an accountable being ; and moreover he had an abiding delusion, grounded on this weak and imperfect mind, that he must kill somebody, and when the first opportunity presented itself on some little aggravation or other, his mind became excited, he was driven beyond his self-control, and he committed the awful act. That is the explanation I have to give of the commission of this crime.'"

It will be seen from the foregoing quotation that there was no attempt on the part of the writer to make out a case which should bring Gabites under legal exemption on any criterion at present recognised by the bench. Before the defence was entered upon the judge had quoted the following passage from the report of the judges to the House of Lords : "That to establish a defence on the ground of insanity it must be clearly proved that at the time of the com-

mittal of the act charged the accused was labouring under such a defect of reasoning from disease of mind as not to know the nature and quality of the act he was doing, and that if he did know it, he did not know that he was doing what was wrong." "That of course referred to general insanity."

According to this definition, legal exemption on the ground of insanity is only accessible to persons who are either thoroughly mad or thoroughly imbecile. It was not anticipated by those who gave medical evidence for the defence that an acquittal could be secured on this basis, nor would it have been in the interests of science or truth that it should be so. What was hoped was, that the jury would have recommended the prisoner to mercy on the ground of his weakness or unsoundness of mind. Instead of such a verdict he was declared guilty, "with a strong recommendation to mercy from the whole of the jury, on the ground of his extreme youth."

Let us briefly recapitulate the reasons why in our opinion the words "unsoundness of mind" might have been properly substituted for "extreme youth."

In infancy Gabites was subject to epilepsy for two years. He was repeatedly bled for the complaint, and when the fits ceased deafness remained, and a peculiarity was noticed by his mother which led her to fear that his mind was impaired to such an extent that she hoped he would die. Whilst she lived he enjoyed the kind of home training which would best promote his physical and mental health, and overcome the consequences of his early infirmities. With her death, and the installation of the step-mother as the directing head of the family, the moral atmosphere in which the boy lived was entirely changed. The succeeding eight years of his young life were spent in an atmosphere by no means calculated to strengthen a weak intellect or invigorate defective moral powers, to implant firmness against temptation, lessen the force of unsound impulses, or inspire correct views of practical duty. The home influence appears to have become remarkably adapted to foster all that was weak and imperfect in his mental and moral constitution, and to bring into prominence the defects of his character, if not to implant veritable delusions.

The actual amount of injury done to the boy's mind by the hardships to which he had been exposed cannot be accurately estimated. It was probably much greater than could be satisfactorily shown by evidence. The susceptibilities of a weak and timid child continually wrought upon by the terrible ascendancy of a harsh and tyrannical woman, would work fearful effects of terror and confusion. Nothing is more likely than that the reiterated suggestion of a certain doom as impending over the child, by such an overmastering influence, might beget a belief in its truth, and implant itself on his mind with the force of a delusion.

In a mind of this calibre the distinction between an insane de-

lusion and the acceptance of a declaration as an article of belief from mere weakness of mind is a difficult matter. The manner in which Gabites consistently maintained that he always believed that he should at some time kill either himself or somebody else, inclines me to the conclusion that this belief was of the nature of a delusion. Under the influence of a resentment which excited his weak brain and produced headache, the delusion would recur with additional force, because of the diminished power of resistance, and lead to its own fulfilment. There must have been a psychological reason for the act of bloodshed which took place. If this was not the reason, what was? The existence of an ungovernable temper had never been betrayed—there had never been outbursts of rage or ferocity; viciousness and brutality seemed foreign to the nature of the lad. It seems hardly possible to lay his homicidal act to the score of these qualities. Then, again, the supposition of his being of sound mind brings a strange contradiction to light in the inadequacy of the motive.

The motive assigned was revenge. Lord Byron says: "Revenge is sweet"—but it is sweetest when taken in the full heat of the burning passion which excites it. There are people who, like Shylock, can nurture up a hope and intention of revenge with a malignant coolness; but these loathsome natures are the exceptions of humanity, and there is no trace of such a thing in Gabites. The assignment of revenge as his motive strikingly shows his weakness of mind. He thought he must assign a motive and revenge seemed to him the most plausible and natural one; but the attributes of revenge were all wanting. He declared he had no spite against Allen—he was very friendly with him, and whilst he was killing him he was saying the Lord's Prayer. Such an explanation has too many inconsistencies to be accepted. His conduct after the commission of the act is equally irreconcilable with the possession of full sanity. A virtuous lad betrayed by deadly revenge into such an extreme would have been seized with an overwhelming flood of remorse and horror. He would either have rushed wildly away in the hope of escaping, or he would have betrayed an emotion quite different in character from what was here displayed. Gabites went calmly and quietly, and detailed with a ludicrous placidity why he gave himself in charge. Left alone in the police-cells at Sheffield by night, he slept soundly. His sleep was uninterrupted by dreams, as his waking hours were undisturbed by visions of ghastly faces streaming with blood which he had shed. No pursuing Nemesis rose to his imagination. He had killed Arthur, and that was all. It had as small an effect on him as if he had killed a cat or a dog. It is true that when he had lain six weeks in Armley Gaol he shed tears and showed emotion when conversing about Allen; but this was subsequent to the labours and instructions of the chaplain, who he said had

taught him much about religion, after he had learnt that "Hell was misery and heaven was happiness." This subsequently elaborated emotion does not neutralise the indication of the previous stolidity. Let us make all allowance due to his immature age, and then ask if it could be possible for a mind in full possession of its intellectual and emotional faculties to manifest the strange indifference displayed by Gabites.

All the phenomena elicited by the examination of Gabites, and the history of his life, lead in the writer's mind to the same conclusions that, in this youth, we have an instance of unsoundness of mind not coming within any legal definition as the law now stands, but established in nature, and therefore claiming a place among the great facts for which some provision should be made, when Law and Nature are thus brought face to face with each other.

It has been often stated in the public journals that the more general acquittal of persons on the ground of insanity would open a door for the escape of criminals not insane, and so lessen the dread of punishment and endanger the safety of society; also that the feigning of madness would be encouraged. The fear of encouraging crime is, I believe, quite groundless. Men are not generally anxious to be considered lunatics—even criminal men. But when unsoundness of mind exists in a criminal, the interests of truth and humanity require that it should be ascertained; and when it is ascertained, justice and fairness require that it should be taken into account in apportioning the sentence to the individual. To assert that graduating the punishment to the qualified responsibility of the agent would weaken its effect as a deterrent, and relax the bridle which restrains other half-demented beings, is a pure assumption. If various degrees of insanity were recognised in our criminal courts, and a scale of punishment awarded according to the measure of responsibility, I submit that the action of the law would be more certain and satisfactory. The hope of escape would be lessened, and its repressive effect strengthened.

The prosecuting counsel in the case of Gabites asked Dr. Williams if he would venture to sign a certificate for the accused. This was a perfectly fair and reasonable question. It was put in the hope of eliciting a negative, and suggesting an absurd discrepancy in the endeavour to prove a person insane for whom the doctor would not sign a certificate of lunacy. This is a fallacious, though strictly legal view of the subject. The signing of a certificate is never required, in the present state of the law, except for the purpose of consigning the patient to a lunatic asylum, and is of no force except under these circumstances. The degrees of insanity now in question might, indeed, be declared in a certificate; but they do not require the patient to be confined. Many of those persons in whom they exist are qualified to discharge the ordinary duties of social and

civil life, and may permanently remain so. So long as nothing disturbs the even tenor of their way they remain harmless and are accounted sane. But when any event rudely shakes their tottering reason ; and they are hurried into illegal violence, it is decidedly hard to visit them with the full measure of punishment assigned to those who have their reason entire. It is on the occasion when these outbreaks are either imminent or manifest, and then only, that the recognition of their mental impairment is chiefly required and can best serve them. On this account the question to be asked and decided in such cases ought to be, not whether the individual was, previous to his commission of the act in question, in such a state of lunacy as to warrant a certificate in its present form being signed for him, but whether he was labouring under any defect of mind sufficient to deprive him of the full amount of responsibility.

There was one feature connected with this trial which differed observably from all others in which the writer has been engaged, when a case which admitted room for doubt was the subject of investigation. The evidence in favour of the prisoner's insanity was received by the crowded audience in the court with marked favour. It can be gathered by other means than words which way the sympathies of an audience incline. In this case they were enlisted on the side of the youth's insanity. Whether this sympathy arose from a clearer conception than formerly of the important truth that there are many degrees of defectiveness and unsoundness of mind below those which are embraced in the phraseology of the law, or whether it was partly due to the juvenile and innocent look of the prisoner, who appeared to be an unconcerned spectator in the scene, is not to be determined. I incline to the former opinion. The prosecuting counsel endeavoured to disparage the medical evidence both of Dr. Williams and myself, by an ironical reference to the case of Dove.\*

In this attempt he signally failed. Neither judge, bar, nor audience showed the slightest responsive feeling. Trials like this cannot but have a beneficial result. The immediate effect upon the fate of the individual is of comparatively little consequence. Every such trial gives a wider spread and a deeper insertion in the public mind to the important truth that unsoundness of mind is of an infinite variety of shade and intensity, and that below the clearly marked types of violent madness, delusional incoherence, and imbecility, there is every degree of mental infirmity and moral incapacity. No legal definition has embraced these multiform shades of mental disorder, nor perhaps can it. It is not by any means to be advocated that immunity from punishment should follow the establishment of the slightest degrees of mental impairment. But, on the

\* Dove was executed at York Castle. It may be worth recording that the late Mr. Noble, who was then the governor, said to the writer, "If ever a lunatic was hanged, Dove was one."

other hand, it is monstrously unjust that there should be no allowance for any degree of infirmity or incapacity below that of a madness which the casual and unskilled observer can recognise. That these truths are gradually gaining ground, and finding more extensive acceptance, has been evidenced by the tone in which the case of Gabites has been treated in several public journals.\*

The harmlessness of the life which the boy had previously led, the glaring insufficiency of the motive, and the strangely cool way in which the desperate deed was perpetrated, followed by the deliberate and painstaking surrender of himself to justice by the perpetrator, afforded presumptive evidence of the boy's insanity to the minds of various writers who knew nothing of him personally.

\* It was mentioned by the writer, amongst other proofs of a bad memory and low capacity in Gabites, that though he had been for many years a scholar in a Sunday-school, he could not repeat the names of the first five books of the Bible. That there should be many adults who have paid so little attention to the Bible as to be unable to do this is no marvel; but that an educated gentleman should think it a capital joke to announce his ignorance in this respect is rather singular.

The following letter was received by me a few days after the trial :

"TEMPLE; 21st December, 1866.

"SIR,—I have had the pleasure to-day, for the first time, of discovering that I am mad, and can commit murder with impunity, inasmuch as I am ignorant of the order both of the first five books of the Bible and the Ten Commandments. Two educated gentlemen now with me are also in the same terrible condition; and when the time shall arrive for fulfilling our destiny, and we make you the victim, we trust you will have left for our justification the necessary certificates of our insanity.

"I am, Sir,

"Yours obediently,

"'CANTAB.'"

"Dr. KITCHING,

"The Retreat, York."

It is to be hoped the ignorance so gaily professed by these gentlemen does not extend to the contents as well as the order of the Pentateuch and Decalogue.



*On Progressive Locomotor Ataxia.* By J. R. GASQUET,  
M.B. Lond.

THE three works whose titles we have placed at the foot of this article\* represent almost entirely our current English literature on the disease, 'progressive locomotor ataxia,' of which they all treat, and it is therefore the more unfortunate, and almost provoking, to find that all three of them, although most excellent so far as they go, are professedly incomplete in their purpose and scope. Thus Dr. Althaus has given us a lecture, which is admirably calculated to give a general notion of the disease to a beginner, but does not answer many questions which the more advanced practitioner would ask.

On the other hand, Mr. Clarke presents us with the most interesting collection of cases of ataxia yet made, connected by remarks of the highest practical value, although too desultory and detached to be of much use to any but those who have already studied the subject.

Lastly, Dr. Bazire, who is doing such good service by his excellent translation of Trousseau's '*Clinique Médicale*,' has supplied, in his notes to that work, some very useful information on some points connected with this disease, but nothing more.

Our object in the next few pages will be, not to attempt to fill up the void which we have just pointed out; for this we have neither experience, learning, nor space enough at our command. We propose only to do what we have just quarrelled with Dr. Althaus for doing, and to endeavour to spread a general knowledge of the disease as widely as possible, in order that multiplied observation may clear up (as it alone can) much that is still obscure about its nature and treatment. This would probably be the result of calling general attention to the malady here just as much as in France, where so much that is interesting on the subject has been published in the last few years.

\* 1. 'On Epilepsy, Hysteria, and Ataxy.' Three Lectures, by Julius Althaus, M.D., Physician to the London Infirmary for Epilepsy and Paralysis. (London, Churchill, 1866.)—2. 'St. George's Hospital Reports.' Vol. I, 1866. "On the Diagnosis, Pathology, and Treatment of Progressive Locomotor Ataxy," by J. Lockhart Clarke, F.R.S.—3. 'Professor Trousseau's Clinical Lectures,' translated, with Notes and Appendices, by P. Victor Bazire, M.D., &c. (London, Hardwicke, 1866.)

There are really no grounds for supposing that the disease is notably (if at all) rarer in England than in France. Every practical man, on first reading an account of ataxia, will recall cases which he had diagnosed to be intractable rheumatism, amaurosis, or paraplegia, but which, when reconsidered, seem to have been ataxic in their symptoms and character.

Nor could such a man take much shame to himself for his past opinions; for, up to the year 1843, when Dr. Todd (in the 'Cyclopædia of Anatomy and Physiology') first clearly pointed out that there were cases in which muscular power was not lost, and yet the movements of the body were very irregular, no scientific knowledge of the disease we are considering was possible, since its most important symptom was unrecognised. Its pathological anatomy had, however, been described by Jacoby (one of the school of Romberg) in 1842, and this was followed up, after an interval of ten years, by Türck and Rokitansky; but the disease itself was still undistinguished from paraplegia, muscular atrophy, and "tabes dorsalis,"\* so that, in spite of Romberg's having distinguished between the symptoms ataxia and paraplegia,† Dr. Gull deserves full credit for originality in his description of the first well-observed case, in 'Guy's Hospital Reports' for 1858.

Duchenne followed closely upon this with a tolerably complete history of the disease; for which we may hardly be inclined to agree with Trousseau in naming the disease after him, but which we must admit to be the greatest advance made up to that time. This had the further advantage of being taken up by Trousseau, who gave a good idea of the symptoms and course of ataxia to the numerous readers who studied with eagerness the 'Clinique Médicale' of that great physician; consequently, in the last few years many efforts have been made in France to acquire a more correct knowledge of it, and although these have led their authors in some instances to very different conclusions, yet the progress made there has been on the whole very decided. In England less has been written, and less attention paid to the subject, but it is evident that a generally correct notion of it is widely diffused; while, on the contrary, in Germany the unfortunate association of the disease, on its first description by Romberg, with 'tabes dorsualis,' has led to its being confused, by some of the best-informed German physicians, with several other diseases.

We will now describe briefly the symptoms and course of the disease, premising that it is much more common in men than in

\* "Dorsualis," as used by the Germans, is the more classical form of the adjective.

† In the description of "Tabes Dorsualis" in the edition of his great work for 1857.

women (M. Topinard gives the proportion as 81 males to 33 females; Eisenmann, 50 males to 20 females); that it is very rare in early youth and in old age; and that most of those who suffer from it have been frequently exposed to cold and damp. Either without any other obvious cause, or after a cold distinctly caught, the first symptoms of the disease occur.

Duchenne has divided these (and his division has been followed by most subsequent writers on the subject) into three stages.

The first stage is characterised especially by pain, and by symptoms which point to the encephalon. The pains, which, according to Mr. Lockhart Clarke and most observers, are the most constant and earliest phenomena, are generally neuralgic in character, very sharp, lancinating, and only momentary, like a frequently repeated succession of electric shocks. Or, again, they may be dull, aching, rheumatic, and are then usually confined to one spot, and relieved by pressure or rubbing.

Of whichever kind they may be, they very often begin in the lower extremities, wander over the body, and finally settle in one leg or thigh, whence they proceed upwards; in many cases, however, their progress is quite irregular. They sometimes assume the form of painful constriction of the thorax, abdomen, or thighs. They are generally increased by excess in walking, drinking, or venery, or by constipation; and, still more notably, by cold and damp weather. So marked is the influence of the state of the atmosphere, that these patients dread the autumn and winter, and are very much better in summer and spring.

Generally, after these pains have been in existence for some time, but sometimes without their having been noticed at all, symptoms may be observed which show that the encephalon is involved. In very rare cases the disease has begun by violent headache, vertigo, photopsia, and tinnitus aurium (M. Carre's "cerebral" variety); in others (as in a case recorded by Trousseau) temporary hemiplegia may occur.

But, much more frequently, mischief is indicated by paresis of some of the cranial nerves. The second, third, and sixth nerves are those most often affected, the commonest symptoms being therefore, in their usual order of occurrence, strabismus (generally internal), ptosis, diplopia, amblyopia, and amaurosis.

On examining the affected eye with the ophthalmoscope at an early stage of the disorder, the capillaries are observed to be congested, the whole fundus being darker than is natural, but by degrees the retina becomes atrophied, is of a greyish colour, and surrounded with a white circle.

With regard to the state of the pupils, Romberg says that he has frequently found them contracted to the size of a pin's point in

"tabes dorsualis;"\* and it would appear from Mr. Clarke's cases that this is the rule when the ocular nerves are otherwise unaffected; but ptosis and strabismus are more generally accompanied with dilated pupil.

A curious alteration of vision has been occasionally noticed; the patient has been found to see two images with one eye only open, or three with both open.

The other cranial nerves are much less frequently affected. Dr. Althaus says that the olfactory never is, but Mr. Clarke gives one case in which the sense of smell was almost entirely lost.

Almost all these affections of the cranial nerves disappear after a short time, with or without treatment, except ptosis and amblyopia, which usually go from bad to worse.

Spermatorrhœa, ending generally in anaphrodisia and impotence, is a very common symptom, but in a few rare cases (as Trousseau has especially noted) sexual desire and power are morbidly great. The bowels and bladder are generally sluggish; indeed, in one case which came under our own observation, retention and involuntary evacuation of urine was one of the most prominent symptoms, but this is rare. In all other respects the health seems to be unaffected.

With regard to the proportion of cases in which the early symptoms appear, statistics are as yet very imperfect. In 28 cases out of 125, collected by Topinard,† the cranial symptoms were entirely absent; in 14 out of 63, according to M. Carre, they preceded the pains, while in the remaining 49 we may suppose that the pains occurred first.

The average duration of this stage of the disease is from four to five years, but this is very variable, and a very few cases are recorded in which all its phenomena were absent, and the disease began abruptly.

The second stage is marked by the occurrence of the most important symptom of the disease, viz. irregularity (or "ataxia") of movement. Of this, as Mr. Clarke has pointed out, there are two distinct forms. In the earlier form there is mere unsteadiness of the limbs affected; the patient staggers and totters, especially on first beginning to walk or on turning round; he adopts various expedients to maintain his balance; he cannot stand with his eyes shut and his feet placed together, and, as the disease advances, cannot stir without keeping his eyes fixed on his feet. When the upper extremities are attacked, no delicacy in the use of the fingers or arms is possible.

In the second form the motor disturbance is exhibited in spas-

\* 'Nervenkrankheiten,' Bd. i, Abth. 3, p. 684.

† 'Union Médicale,' Mars, 1865.

modic movements of those muscles which the will intends to put in action. The limbs are flexed, or extended with a sudden violent jerk ; they are strangely thrown about ; the patient can no longer walk without support, and, when the disease reaches the muscles fixing the pelvis, can no longer stand at all, though he may be capable of exerting great force with his legs while sitting or lying down.

These two forms are evidently produced by different degrees of one morbid state—absence of co-ordination of the muscles.

In the former case the motor irregularity is owing to an inability to combine properly the numerous muscular contractions which are requisite for even the simplest movement ; in the latter the natural harmony between the antagonist muscles, which is one of the elements of normal co-ordination, is also abolished ; the flexors or extensors alone act, whence the jerking and violent movements.

In the immense majority of cases this striking symptom begins in the lower limbs, and spreads upwards from them ; in only two instances (one recorded by M. Carre, the other by M. Vernay) it began in the upper extremities, in the latter case remaining confined to them, but in the former spreading downwards.

A certain loss of muscular power is sometimes complained of by patients, although it cannot be detected by the physician ; and involuntary twitching (especially of the fingers) is not uncommon.

Cutaneous hypæsthesia (numbness) is an almost invariable symptom of this stage of the disease. It generally begins, and continues to be most noticeable, in the soles of the feet and the legs, whence it spreads to the thighs ; in the upper extremities only the third and little fingers are affected. As the disease advances the numbness goes on, in most cases, to absolute anæsthesia ; or sensibility to pain may be entirely lost, the sense of touch remaining intact, or sometimes sensation may be very tardy or obtuse, or the patient may be unable to tell in what part of the body he is touched ; for all these varieties have been noticed.

The sense of pressure or weight is also frequently very blunt ; while, on the contrary, that of temperature is seldom affected.

In rare instances there is great hypæsthesia, the slightest touch then producing extreme pain.

Reflex movements are usually excited with difficulty ; but, in one remarkable case of Mr. Clarke's, "although the feet and legs were almost completely deprived of the sense of touch and pain, yet their surfaces were so susceptible to excito-motor impressions, that the slightest touch or brush threw the whole body into motion, and caused the patient to jump almost from his chair."

The last of the three periods into which Duchenne has divided the disease is simply the termination of the second. All the symptoms become worse, and the patient is hopelessly bedridden. From this

cause, and to a less degree from slight paraplegia, the muscles begin to lose their power; they become atrophied, and partially degenerated into fat. Painful spasms frequently occur in the affected limbs, and are among the most troublesome symptoms of this stage of the disease. The urine is retained, or is passed involuntarily; and either this, or sloughing of the back, is the most common cause of death.

The duration of the disease, from the first occurrence of ataxia of movement until the fatal termination, is very variable; it is often ten years, or even more.

The diagnosis of the disease is generally easy enough when it has passed into its second stage; but, before motor disturbance has been perceived, it is difficult, and very often impossible. The character, seat, intractability, and progress of the pains, will guide us to a suspicion of their nature, which will be heightened if ocular symptoms, especially strabismus and amblyopia\* combined, be also present.

Even when ataxic symptoms are fully developed, it may be difficult to know whether these signify the existence of the disease we are speaking of, or that of some one of the other numerous affections in which unsteadiness of gait occurs. The following points will be the most important for a correct diagnosis. Unless the early history of the disease be quite unknown, we may at once set aside hysteria (which can make an excellent imitation of the symptom ataxia) and chronic alcoholism. General paralysis (in England at least) is almost always accompanied by its characteristic mental disturbances, and the motor irregularity extends to the face, tongue, and lips. There is also apparently real loss of muscular power, although Bouillaud, Wunderlich, and Dr. Skae consider that there is no actual paralysis, but only ataxia.† Syphilis may bear a closer resemblance to many of the symptoms of ataxia; but in a doubtful case the iodide of potassium would of course be tried.

Disease of the cerebellum is also attended with a tottering gait, which might easily be mistaken for ataxia, with strabismus and amblyopia; but these symptoms do not generally preserve the same order of appearance as in ataxia. The irregularity of movement in cerebellar disease is also shown by epileptiform convulsions, and "*mouvements de manège*;" there is generally difficulty of speech,

\* Dr. Hughlings Jackson stated, and Mr. Clarke has repeated, that the ophthalmoscopic appearances of amaurosis from ataxia are different from those of amaurosis from cerebral disease; but this would appear not to be the case. See a letter from Dr. Althaus in the '*Lancet*' of June 17th, 1865.

† Jaccoud quotes three remarkable cases, in which, shortly before death, patients who had long been suffering from ataxia presented symptoms of general paralysis ("*délire ambitieux*"). Had we more details given, these cases might lead to clear up some of the obscurity attending the form of general paralysis, where motor signs precede the mental disturbance.

vertigo, fixed pain in the back of the head, and vomiting ; none of which symptoms form part of ataxia.\*

On opening the vertebral canal after death the membranes are often found to be thickened and opaque, and the pia mater adherent to the posterior columns ; these appearances are observed in about one half of the autopsies, according to Dr. Althaus. The back of the cord looks flattened, and the posterior median fissure is generally obliterated. The posterior columns, instead of being white, are either entirely grey and semitransparent, or are streaked with bands of that colour, running up and down the cord. This change is most common and most distinct in the lumbar region, and in advanced cases has been seen to extend as far forward as the lateral columns, but the anterior ones are never involved. If a section of the cord be made, this grey colour is perceived to be not merely superficial, but to affect the posterior columnus, wherever it is apparent on the surface, in their whole depth. It is also noticed that they are decidedly smaller than natural. When the cord examined is in an early stage of the disease, the affected portion is found of the normal consistence, or even softened, but in the great mass of more advanced cases it is unnaturally hard, almost as much so as a brain steeped in alcohol ; hence the name "sclerosis," which has been given to the disease.

The posterior roots of the spinal nerves in the part diseased, and the nerves composing the cauda equina are almost always similarly affected ; and, in twenty-one cases out of forty-eight, the posterior cornua of grey matter have been found in the same state. This much, at any rate, would seem to be invariably the rule in the vertebral canal, that the disease spreads from the posterior columns of the cord as a centre. On the other hand, as Mr. Clarke has especially pointed out, such changes as are remarked in the encephalon seem to spread from the distal extremities of the cranial nerves towards their centre. Thus, the optic nerve, chiasma, and tracts are frequently sclerosed ; sometimes the corpora geniculata, and, more rarely, the corpora quadrigemina. The other cranial nerves are but seldom affected. The cerebellum, owing to the part it has been supposed to play in the co-ordination of muscular movement, has been almost invariably examined, and found healthy.

Microscopical examination of a portion of diseased cord shows that, in the early stages, the nerve-tubes are diminished in number and size, and granular bodies, produced by their disintegration, appear. As the disease advances, and the atrophy of the nerve-tubes becomes more and more marked, their place is taken by fibres of ordinary connective tissue, by nuclei, and by small cells (Robin's "myélocythes"). The capillaries are often thickened or atheroma-

\* See papers on "Cerebellar Disease," by MM. Leven and Ollivier, in 'Archives Gén. de Méd.,' 1862 and 1863. Mr. Clarke mentions a case of ataxia, in which vomiting was a prominent symptom.

tous, and they are frequently surrounded, in long-standing cases, by oil-globules or corpora amylacea. The anatomical change, therefore, consists essentially of two parts—1. Diminution of the nerve-tubes, in both number and size. 2. Development of adventitious products. The former of these changes only is noticed in the posterior roots of the spinal nerves; but the cranial nerves have been found generally to contain new products, the corpora amylacea being especially abundant in the optic and hypoglossal.

When the grey matter of the cord, or of the ganglia in the posterior roots, is involved, the nerve-cells in it are almost invariably found healthy.

As to the connection between the anatomical state we have just described and the symptoms, the following is the most probable explanation. It would appear that by the destruction of the posterior fibres of the cord the sensory nerves which supply the muscles are cut off from the spinal motor centres, which are now believed to be the centres of muscular co-ordination, and that thus ataxia is produced. The hypæsthesia which is so generally a symptom of the disease is probably owing mainly to the destruction of the nerves themselves, and only partly to the sclerosis of the cord; for we have every reason to suppose that sensory impressions are conducted up the grey matter of the cord, which is generally intact in this disease.

The cause of this remarkable anatomical change, which affects at the same time the cranial nerves and the lower part of the spinal cord, is as yet unknown to us. We may compare locomotor ataxia, on the one hand, with cases of paraplegia produced by exposure to cold and wet, or by urinary disease; and, on the other, with instances collected by Dr. Handfield Jones (in the appendix to his 'Functional Nervous Disorders') of retinitis, amaurosis, and paralysis of various cranial nerves caused by remote irritation. The same author has also shown it to be very probable that symptoms of the same kind as those we have been considering may be produced, without any organic disease of the nervous centres, by the diatheses syphilis and rheumatism. These analogies would lead us to ask whether the cold caught (which most ataxic patients speak of as the cause of all their ills) is not really capable, given some special predisposition, of producing this disease, either by checking the secretions, or (to borrow Dr. H. Jones's phrase) by its directly "inhibitory" influence.

What the special predisposition may be is as obscure in this as in most other diseases. At any rate this seems to be established, that sexual excess or abuse has little or nothing to do with it. Probably the only reason why some connection is still presumed to exist, by most men, between these vices and progressive ataxia, is because there is still a confusion in their minds between this disorder and



"*tabes dorsalis*," a name which includes all cases of exhaustion of the cord by venereal excess. The great majority of ataxic cases present no history of anything of this kind, but, on the other hand, point very decidedly to habitual exposure to cold and wet as the predisposing cause.

Many German, and some few French writers, of whom Jaccoud is the most prominent, have laid undue stress upon the anatomical character of the disease, and have looked upon it as being essentially a sclerosis of the spinal cord; but this view is generally condemned by those who have observed the cranial symptoms which, in a great majority of cases, are part of the evolution of the disease. This much only can be said in its favour, that the cord may be sclerosed in many other different affections,\* especially in the disease known as "*spedalsked*," of which motor ataxia is an early symptom.

We have fortunately passed the time when Romberg could write with truth these despairing words:—"No patient suffering from this disease can be cured; death awaits them all; and the only consolation which can be given to those who love life, is the long duration of the disease." We condemn as emphatically as he does the useless cruelty of repeated issues, setons, and bleedings; but these are plans which no enlightened practitioner at the present day is likely to adopt, and we are firmly convinced that judicious treatment can do much, generally to relieve, sometimes to cure, those suffering from ataxia. Unfortunately the disease is seldom or never diagnosed until extensive destruction of nerve-tissue has taken place; but in this respect we may hope for improvement as it becomes better known.

Under the head of remedies which have been tried and been found of no avail, we may mention opium, bromide of potassium, and *secale cornutum*. But at least they have done no harm, while strychnia has never done any good, and, in one case recorded by M. Carre, produced violent pain; iodide of potassium, too, has appeared in some cases to accelerate the course of the disease.

The vapour, lamp, and Turkish baths have also disappointed the well-grounded hopes which had been placed in them; but sulphurous baths and electricity are especially commended by Dr. Althaus as palliatives. The severe pains of the first stage are relieved by belladonna, *cannabis indica*, and oil of turpentine, internally, and by dry-cupping over the neck and back.

Eisenmann found decided benefit in four cases of ataxia from the

\* Thus M. Charcot, besides those cases in which the disease has spread from the posterior columns of the cord, has found it in the lateral columns only (in two cases of permanent muscular contractions in hysterical patients), and in circumscribed patches, distributed through the cord irregularly.—('Union Médicale,' 9 Mars, 1865.)

regular use of gymnastics ; this is at any rate worth remembering as an adjuvant to more active treatment.

But the only remedy which has ever obtained any considerable reputation in the treatment of this disease is the nitrate of silver, introduced by Wunderlich. It is difficult, as in all other questions of therapeutics, to make out its precise value ; but it would appear to have every chance of being successful when employed at an early period ; and, when it fails, it seems to do so either from being given too late or without sufficient perseverance. The good effects it produces are too frequently only temporary ; hence probably its prolonged exhibition is advisable. Of course the usual precautions will be taken to prevent its colouring the skin, or disturbing the stomach, bowels, or bladder. Dr. Althaus combines with it the hypophosphite of soda, which he considers beneficial.

Arsenic, which would on theoretical grounds be recommended, has been tried several times, but with partial success in one case only, recorded by M. Teissier ; we confess that we should ourselves be very strongly disposed to give it a further trial.

M. Carre conjectures that possibly the internal administration of the Calabar bean might do good. We do not see grounds for putting any faith in it, and, if we may ourselves hazard similar guesses, would rather suggest aconite as likely to relieve the pains, and conium as being possibly a curative agent.

It is needless to add that the general health should be kept up by good food and tonics, cod-liver oil being especially valuable, considering the relation of fatty bodies to the nutrition of nervous tissue. The bowels should be kept well open, for this alone will frequently relieve the pains of the first period of the disease. In spite of the truth of Romberg's remark that long journeys are injurious to these patients, we should be inclined, seeing the improvement in the first stage effected by warm weather, to send those whose circumstances would allow it to winter in some tropical or semi-tropical climate.

*Introductory Lecture to a Course on Psychiatry, delivered at the Imperial Joseph Academy in Vienna, November, 1866.* By BARON J. MUNDY, M.D., Staff-Surgeon-Major in the Army of His Imperial Majesty the Emperor of Austria; Membre Associé Étranger de la Société Medico-psychologique de Paris, &c.

UPON the noble ship of medicine, which sails proudly on the ocean of knowledge, decked out with gay and varied flags, there floats, my honoured friends and colleagues, one banner inscribed with the word "Psychiatry." It is, I might almost say, the last one added and the lowest in position. For although in the future we may hope that it will be uplifted higher, and acquire more and more prestige, so as probably at length to range itself on a level with its auxiliary sciences, with pathological anatomy, physiology, and practical medicine, and with other specialities of this last, as a worthy equal with them, yet, alas! this happy event is not yet realised! Still, my friends, we must feel impelled to advance further and further along the new road that we have entered upon—that practical and positive path whereby alone we can attain to that goal at which we aim, the goal of truth and perfection. And, in fact, my friends, if I to-day, in this introductory discourse, do not unveil before you the dreary picture of the past in respect to this science of psychiatry—if I withdraw from memory all those dark deeds and barbarities that prevailed of old, and gladly let oblivion cover them, it is with the view that I may do homage to progress, and thereby place myself in harmony with you; for the purport of our inquiry into this science of psychiatry is, to find not what was, but what is, and still more what shall be, and what shall be for the better, and at the same time to investigate and advance it. In considering to-day the principles (stand-point) of this science, I shall therefore, first of all, take up that division which is known as clinical psychiatry.

You are aware that clinical psychiatry is, in comparison with clinical instruction in other branches of medicine, very little attended to, and is also consequently not so often undertaken as might fairly be desired and as it has a claim to be. The reason of this is a simple one. Its clinical study stands aloof; it is not readily accessible; it is not so free, independent and diversified, and it is not so public, as clinical medicine or clinical surgery. You will, moreover, in the course of your medical experience, have remarked that when a patient, in attendance either in the out-door or in the in-door clinique, perchance exhibits symptoms of that dis-

order which we designate insanity, he is as speedily as possible transferred to the lunatic asylum as the only suitable place for his case. Clinical teaching in psychiatry, though you may desire it, is consequently, as a rule, only accessible in a lunatic asylum, to which it has hitherto been the custom to allow admission to visitors as few in number, as seldom and for as short a time, as possible. Whence it happens that, though you would be held to blame for not knowing how to proceed with any case in any other special department of medicine or of surgery, you would at the present day be deemed excusable if, when called upon to deal with a case of psychosis, you should find yourselves inexperienced and ignorant respecting it. Those who are military medical officers, and therefore often stationed in outlying places, where no other professional man is to be found, would be sorely blamed if they did not understand and carry out even the most serious operations, or a difficult labour, the operation for hernia or laryngotomy, or if they were not fully acquainted with every usually recognised branch of practical medicine, and yet at the same time they would be as readily forgiven should they not know how to treat a lunatic. This illustration is sufficient to indicate how important it is that this branch of practical medicine should be cultivated, and how much it is the duty of the physician of the present day to make himself acquainted with it. The hand-books of psychiatry hitherto published, although they offer a mass of valuable matter, and are very carefully compiled by their several authors—and it is known to those who have studied at the larger universities that the local psychiatrist, as a rule, considers it his business to prepare a text-book for his class—yet they are always unsatisfactory to the practical physician. You can also understand that a hand-book cannot always convey to you the teachings of practice. In short, the field of practical psychiatry must be cultivated afresh, and be sown with good seed, and all physicians be enabled to reap the fruits.

In its legal relations, also, the necessity for a knowledge of this special science is easily perceived; and if you—as may so often and readily occur in your practical medical studies and occupation—should be called upon as experts to give evidence in a case of insanity, you would be at once convinced of the importance of a knowledge of mental disorders in their forensic bearings, and of being able to form a correct estimate of all details according to the newest principles of the science. But should you by no such considerations be induced to devote yourselves (which, for the honour of science, I will not suppose) to the speciality to which for a long period I have dedicated myself, yet you will recognise the duty that must often devolve upon you, as practising physicians, of understanding this branch of medicine in its therapeutical relations. Lastly, if the management of the insane may have hitherto been to you a matter of indif-

ference, you may nevertheless consider it to be an admitted fact that this subject, as heretofore conducted, and so far as it does not rest on that basis which for the future must be accorded to it—that, I say, psychiatry in its administrative relations must surrender many things still attaching to it, and must renounce many prejudices that have up to the present time clung to it. Proceeding upon these principles, thus briefly sketched, I shall furnish you a secure and true basis for the series of lectures I propose to deliver. Upon taking a nearer survey of this basis, I shall have occasion to speak to you again of the clinical, legal, therapeutical, and administrative relations of psychiatry, as understood by, if I may use the term, the “new school.” To the building up of this new school I make no pretensions as a contributor, for my personal importance in the matter is of very small account; but it has been established by men who have had the advantage of clinical experience during the last thirty years in this speciality, men who also enjoy the highest reputation in science in general, and behind whom I have no need, as it were, to barricade myself, and who are likewise authorities in medicine. You may, indeed, inquire why I have not adopted as the subject of my lecture to-day the history of psychiatry from the oldest time until the present period, and why I do not recount the names of these men in triumph.

My friends, the plan I have struck out is the reverse to this. These names, which possibly you may just now long to learn from me, will be often cited by me in the course of these lectures in their suitable places, whilst if heard at the present moment they might soon fade from the memory. The history of psychiatry will, however, be displayed before you in all the phases of its growth, and, indeed, if you have condescended to read through my programme of these lectures, you will have observed that I have deferred the history of psychiatry to the close of my course, when those names will be thankfully greeted by you as those of beloved acquaintances.

If you now ask me, as you very rightly may, how and wherein the principles of the science at this modern period are to be sought, I have in reply to reiterate what I have already stated. In the first place, they are to be sought in the clinical element already insisted upon as requisite. Clinical instruction, my friends, as at present conducted, does not, for the most part, meet the requirements of the case. From the general remarks made you will have gathered that it does not supply what is demanded. The clinical study of psychiatry should in future be public, available to all, like other clinical courses, and should be pursued in the chief towns, or in places where a university is founded, where both instruction and material for it can be obtained. For this purpose apartments for prosectors should be provided, such as, indeed, have been established in some towns, together with an unrestricted supply of material for the end in view, so that,

as is essential, the theoretical lessons of the lecture-room may be there practically exemplified. The teaching must be rigorously sifted and purified from all those conditions which at the present are found connected with lectures on psychiatry and with the practical demonstrations, which cannot be adequately illustrated by a disproportionate number of chronic cases. In truth, would you not be astonished at a surgical clinique if patients with united fractures or labouring under chronic disease were the only examples brought forward for the purpose of practical instruction? And so you find that in lunatic asylums the aggregation, the multitude, of patients does not afford you means for discovering those subtle differences which you, above all, require for forming a correct diagnosis and prognosis—I mean in acute and chronic cases. It is an old and true proposition that the series of pathological changes which have been discovered in the insane leave it a difficult task to distinguish a recent case from an old-standing one by the morbid changes existing. But even if the patients were collected in groups, and arranged in classes having no scientific basis nor capable of exact definition—however rich they might prove in tables, figures, and conclusions, though, nevertheless, very poor in results—it would be easy to show that it would be barely possible for the student to distinguish acute from chronic cases, and to study them in a satisfactory manner. Consequently the clinique of the future, according to the wishes of those whose opinions are valued, should present a limited number of patients, and from this restricted number intended to afford instruction the professor of psychiatry would select the most instructive among them, and, after a theoretical statement relative to the pathological, anatomical, and physiological features of the cases in their varied relations, would practically demonstrate the psychosis in the patients themselves. This would constitute a great advance, and it would be well, my friends, if all agreed with me on this matter.

The second direction in which psychiatry should make progress is in the way of its legislative (legal) bearings. Legislative hopes for the future in reference to these relations are great. Just as the struggle at present is arduous to promote decentralization in matters of administration, and as much effort is needed to institute a system of therapeutics based on the newest principles of dietetics and the laws of hygiene, so like strenuous endeavour is required for instituting salutary rules for the management of the insane. But there is no longer need of many and persuasive words to convince you of the duty of procuring the entire abolition of that principle of restricting the movements of the insane and of the plan of sequestration, which has constituted the fundamental law in lunacy legislation; for this principle must always operate injuriously upon all those conditions (factors) which are needed to promote a sound state in ordinary persons, and still more in those afflicted with disease. It is, in truth, no mere

fancy, but a fact based upon one of the greatest examples, of which I shall hereafter have the honour to speak, that free movement, the unimpeded power of enjoying light, air, and warmth, the participation in family life, with all the other conditions of existence, in a word, the laying aside of that apparatus of restraint, which has hitherto prevailed so powerfully in the treatment and management of the insane, and does even still prevail more mightily in legislation—this renunciation of restraint, I say, has wrought the best and most important results. And I may here remind you of a colony of insane of which I have hereafter to speak at large—I mean, Gheel, in Belgium, where upwards of a thousand lunatics live free, without restraint, among the ordinary inhabitants, reside with them, cultivate with them the fields and farms, resort with them to church and school, act as nurses for their children, and lead an ordinary, natural family existence, such as we are accustomed to value in our own homes. But another more important matter in legislation is that, by reason of the necessary conditions for such freedom, the lunacy laws must undergo a complete transformation, and a new code, based upon this principle of freedom and the absence of restraint in the treatment of the insane, must be established. That such a course is practicable I may illustrate by another brief example, namely, that in England a population of 50,000 insane in asylums are managed without resort to restraint; and not only is this the case, but the Parliament has elevated the principle of non-restraint to a legislative act, whereby the physician who should impose restraint upon the insane is rendered liable to prosecution and is exposed to the loss of his appointment. This mode of treatment of the insane, which is known by the name of “non-restraint,” and which has been energetically, though without any reason, opposed in Germany and elsewhere, owes its establishment to a man whose loss science has lately had to mourn. You will allow me to-day here to mention his name—it is John Conolly, the first psychiatrist of England, but who also deserves by his merits to be called the psychiatrist of the world.

It is readily understood, my friends, that as the condition of the insane is prone to vary so remarkably when viewed in connection with legislation, it must also clearly undergo changes in respect to administrative details. As it now is my desire to establish in a great city, possessing a university, a clinique for the education of psychiatrists and practical physicians, the same course must be followed as in the case of the majority of other chronic maladies, and psychiatry must be considered under two heads—the teaching and the administrative—instruction and practice. When we have to deal with a so-called *fait accompli*, in the shape of a chronic case, where no hope of cure remains—when we have hereafter reached the subject of prognosis we shall there recognise, as, indeed, we have in some measure recognised, a *de facto* distinction between curable and

incurable cases)—we must pursue a different course with this incurable case than with one in respect of which we have the best hopes of recovery, and as one affording material for clinical instruction. These so-termed incurables, when they are poor—and I throughout am speaking of the public provision for the insane—must as often as possible, both for their own sake and for those who pay for them—the taxpayers—be made productive or remunerative. We must therefore not lodge such in the city in a magnificent palace, as is even now done, and detain them in a state of idleness, but employ them upon the land, or in the handicraft to which they have been trained, or turn them to account in any sort of occupation for which they have the capacity. The administrator would occupy his position in the institution, which may be called an asylum or industrial establishment, whilst the teacher would have his clinique in the city. The provinces should thereby be no losers, for the clinical material of the provinces would be also turned to scientific account in the hands of a well-trained psychiatrist, who would be at the same time in a better position, in the discharge of his administrative functions, to profitably develop the industrial resources of the institution with greater ease and success.

The therapeutical element will also be a gainer; for we by the same means arrive at a systematically disposed clinical treatment. And the question may here be put, wherein does the treatment of mental disorders consist? The brief answer I shall make is, that it consists in precisely what in practical medicine the treatment of a patient consists. As at the present time all psychoses are excluded from the several courses of clinical instruction, it happens for the most part that the general physician recoils from a case of lunacy because of its novelty to him, and of its obscurity, in face of its mechanical treatment may I say, and he says to himself, I know nothing whatever of the various symptoms and changes which the patient may undergo betwixt to-day and to-morrow, or between to-morrow and the day after; I also do not know the danger: on the other hand, I am obliged by the law not to neglect my duty towards him, and therefore I must give up the patient and transfer him to the only place which has for its special object the treatment of the insane. But when the physician in general practice has acquired besides the ordinary principles of practical medicine a knowledge also of mental disorders, and will trust himself with the external remedial measures necessary, he will arrive much more readily at a correct judgment respecting the case, and will only transfer his patient to an asylum for special treatment when from his thorough knowledge he recognises the patient to be dangerous to himself or to others.

If we examine somewhat more closely and in detail the origin of the lesions in psychoses, we arrive first of all at a class of disorders which exhibit themselves in connexion with the brain and have their



seat there. Now, you all know well enough that general practical medicine undertakes the consideration and treatment of the whole series of diseases of the brain in its widest acceptation. You come further to other disorders, which partially have their seat in other organs or tissues, as for instance in the nervous and in the urino-genital apparatus, and lastly, in all those parts which must have been studied by you in their pathological connexions, as the spleen, the liver, the stomach, the intestines, &c. When you, therefore, particularly in this speciality, will give yourselves the trouble to learn, with the same zeal and assiduity you manifest in other departments of practical medicine, and when you have made yourselves accurately acquainted with the diseases of the brain, and all the pathological changes belonging to them, and have studied those of the nerves and central organs, you will gain by means of this information a knowledge of the lesions, and therewith a practical knowledge of the psychoses accompanying them.

You will only further need described to you the heterogeneous phenomena which immediately appertain to the speciality known as psychiatry, in order to gain that practical experience of cases of insanity which for the most part was not brought under your notice in the history of pathology taught at a former period in your clinical instruction. The diseases which primarily involve the psychoses are those of the brain and nerve-apparatus ; these we are called upon to deal with in the circle of our rough observation, and I must to-day deplore that in the course of my remarks I shall not be able to make use of material that will enable me to demonstrate to you upon the dead-subject and preparations, in its anatomical and physiological relation, that which I have laid down as the prolegomenon for the theoretical part and as likely to be found necessary.

The theoretical part of my subject is that which it will be the more convenient to restrict ; and the more so, since I wish thoroughly to consider the clinical portion. I shall consequently deem it my duty to lay before you the theoretical as often as possible in conjunction with practical instruction, and discuss it with somewhat more rapidity than is the custom. Diseases of the brain, diseases of the nerves in all their ramifications,—I might say in their mysterious ramifications, for you know only too well that more than the usual degree of mystery and obscurity attaches to cerebral disorders,—these, as exhibiting themselves in connexion with psychoses, will constitute a subject for our earnest consideration in their manifold relations. Nor must we in treating that subject forget to notice the great progress which has been accomplished in a field heretofore lying fallow, by the elucidation of late years of the pathology of *degeneration*. This modern important doctrine bids fair to contribute largely to the purposes of practical pathology ; for it is evident that, though not many, yet some laws of the highest im-

portance may be deduced from it. It would not, I believe, be difficult to persuade you that it happens that, in this science above all others, we are in a position to establish laws upon actually observed phenomena and on experience, to which we thereupon assign a definition and a name. But should we not be in this position the true value of our investigations is lost to us, and we make an approach rather to hypotheses than to truth.

Thus Degeneration—"morbid anthropology"—in all its forms, whether external or internal, and all such as invade the internal, and still more those that affect external organs, must form the important subject-matter of our next discourse—conditions which as yet are new in the teaching of mental disorders, and on behalf of which I ask your earnest attention.

These subjects being discussed, we come lastly to the principles of treatment as laid down in harmony with the latest teachings, and with the practice of non-restraint; and it will be for us to consider whether the insane are to enjoy their freedom with all their peculiarities, and with all the advantages and disadvantages of the mingling of diseased and healthy individuals. On this question, I shall have the opportunity of placing before you the results of personal experience and of prolonged study in the countries already named, and in numerous asylums throughout Europe. Thus you will see that the matter lying before us, although it may be theoretical in character, possesses also a practical value, and it will be my endeavour so to deal with my subject that when you are called upon to visit an insane patient, instead of saying with some perturbation,—"Do not ask me. It is not in my way. Send to the Asylum."—you will with full confidence, if you have been a profitable learner of the pathological and of the clinical portion of my teaching as based upon that theory which I maintain, be enabled courageously to say, when called to such a case, "I will attend to it at once." Then will the speciality of psychiatry be united in your case with general practical medicine, and that most admirable goal in science be attained, namely, "universality."

Let me in conclusion, my friends, thank you for your attendance here to-day in such numbers and in such earnestness.

## CLINICAL CASES.

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*The Non-restraint System in the Treatment of a "certain class of Destructive Patients."* By S. W. D. WILLIAMS, M.D., L.R.C.P.  
 Lond., Assistant Medical Officer, County Asylum, Hayward's Heath, Sussex.

IN the April number of the 'Journal of Mental Science,' the editors append a foot-note to a paper by Dr. Edgar Sheppard,\* asking from some members of the Association the results of their experience in the treatment of the troublesome class of patients referred to in that paper, and at the same time recording their dissent from the opinions expressed by the author. Moreover, at the end of his paper Dr. Sheppard writes:—

"The Commissioners in Lunacy, asked by me in full conclave to give some suggestions as to their views of treatment under these perplexing difficulties, advise me to consult my professional brethren, and are content to put on record their disapproval of my views. In this, the literary organ of our Association, therefore, I invite the dispassionate consideration of a subject about which I have been candid and outspoken, and of a treatment which recommends itself to me as above all things humane."

As yet no answer has been given to these appeals. This is much to be regretted, as it might be inferred that the psychological branch of our profession endorses by its silence the views propounded in that paper. This I happen to know is anything but so—as the editors of this Journal have received many communications condemnatory of the treatment Dr. Sheppard advocates, and indeed I may add of the whole tone of his paper. I have therefore obtained permission of Dr. Robertson to publish the mode of treatment adopted towards such cases in the Asylum at Hayward's Heath, although I cannot but feel that the subject would have been much better handled by one of our experienced medical superintendents. Moreover, it is with considerable diffidence that I advance an opinion at all in opposition to one propounded by a physician holding such a position, and so experienced as the author of the above-named paper. As, however, Dr. Sheppard courts a "dispassionate con-

\* "On the Treatment of a certain class of Destructive Patients." By Edgar Sheppard, M.D., Medical Superintendent of the Male Department of Colney Hatch Asylum.—'Journal of Mental Science,' April, 1867.

sideration" of the subject so openly, and as he truly adds, has been so "candid and outspoken" in writing respecting it, I am sure he will be the last to object to candour and plain speaking in another.

No one engaged in the treatment of the insane will easily forget the shock he experienced in reading Mr. Pownall's accusations, at the last Epiphany Middlesex Sessions, against Dr. Sheppard's management; accusations caught up and distorted by the daily press in so unwarrantable a manner, that never since the exposure at Bethlem Hospital in 1852 has the non-restraint system been so dragged through the mire as it was on that occasion. If Dr. Sheppard had contented himself with impugning the accuracy of Mr. Pownall's accusations by a statement of his own story, this unfortunate matter might probably have rested there; but on the contrary, he writes a paper justifying and advocating in very strong terms the mode of treatment he pursued, and holds up as a pattern to be followed the lamentable want of judgment and skill which would reduce the great principle of non-restraint to four bare walls and a wooden floor, although, as he owns, the Commissioners in Lunacy had already told him "that for patients to be in rooms without bedding or clothing is unheard of in this philanthropic age, and that such circumstances admit of no sort of justification."

It would indeed have been inexcusable to have allowed Dr. Sheppard thus to have offered himself unchallenged as the exponent before our continental brethren of the practice of the English non-restraint system; and although I do not presume to appear as an authorised exponent of this system, I am nevertheless encouraged to comply with the request of the editors of this Journal and to record here the experience I have learnt in the treatment of the destructive cases in question occurring alike in all large County Asylums. *Imprimis*, however, it would appear necessary to consider some of the arguments Dr. Sheppard advances in support of his theory.

The class of patients then which appear to have baffled Dr. Sheppard's energies and to have led him to substitute for treatment "their confinement by night in a nude state, the bedding and clothing alike withdrawn," were those suffering from the destructive mania accompanying general paralysis; and in his annual report to the Visiting Justices he thus describes them:—

"I have already explained to you (the Visiting Justices of the Asylum) by word of mouth, that the patients in whom the destructive propensity usually manifests itself are, for the most part, of the class termed general paralytics; that their physical sensations and perceptions are impaired or annihilated; that they besmear themselves with their own filth; that their skins are of an unnaturally high temperature; that their delusions are of the grand and ex-

travagant kind; that they will stand or sit the whole of the night naked, with their bedding and clothes heaped in one corner of the room, singing, laughing, gesticulating, and giving every evidence of their own happiness." In defence of his position he continues:—"It is easy to shut up a destructive lunatic at night and satisfy the requirements of the public by giving him ordinary bedding and clothing. But what advantageth it (he truly asks) if he is left unnoticed till the morning, when he destroyed everything in the first hour of the night? Or how much the better is he if visited and re-supplied merely for the same process to be renewed?"

Had Dr. Sheppard substituted "a warm or temperate atmosphere, unseen, but yet appreciated," he might perhaps have correctly proclaimed his as *relatively* the true philanthropy. Yet we have means of cure as much beyond Dr. Sheppard's theories as they surpass in science and skill his rough primitive practice. Asked for suggestions how to treat this form of insanity, I proclaim that my experience differs entirely from that of Dr. Sheppard when he writes "Medical treatment—digitalis, opium, the wet sheet—will not touch this malady." I say digitalis, opium, morphia, the wet sheet, prolonged hot and cold baths, the mustard pack, hydrocyanic acid, do touch with their soothing powers the malady; careful watching by night as well as by day will prevent as effectually that marvellous destruction of property which Dr. Sheppard mourns over, as the withdrawal of the bedding and clothing. Judicious attention to dietetics and carefully regulated exercise will induce sleep as effectually as "the gentle influences" of a "warm or temperate atmosphere," and such I believe will be reduced to demonstration in the cases I am about to record in this paper.

Dr. Sheppard further defends his method of treatment by another startling statement. "It must," he says, "be known to any commissioner who has been a superintendent of an asylum of any magnitude, that *numberless patients* are uncovered the whole night; that they will stand up naked or lie upon the bare floor, having heaped their bedding and clothing into one corner of the room or amused themselves by tearing it to pieces." Surely this is a most gratuitous assertion. We must presume it is true of Colney Hatch, but is it true of any provincial County Asylums? In a leading article in the 'Daily Telegraph' the following sentence appears:—"If such horrors can occur at Colney Hatch under the rule of a gentleman whose character, both for skill and humanity, is excellent, who can say what still grosser infamies may not be perpetrated in asylums less conspicuous?" It would be interesting to know whether the writer had ever been in a position to compare Colney Hatch with our provincial Asylums.

I have now lived for seven years as medical officer in three large County Asylums, and had pass through my hands at least 2000

insane patients, but I emphatically deny any knowledge whatever of such a state of neglected misery. It has never in either of these asylums been the practice of the medical superintendent to sanction the existence of such a state of things. I have read of it in Dr. Conolly's eloquent denunciations of the old abuses at Bethlem and at Hanwell, but I have never learnt the necessity of such practice from those under whom I have studied this branch of my profession. The commissioners might well, as Dr. Sheppard naively tells us they did, be content to put upon record their disapproval of his views.

Furthermore, Dr. Sheppard has brought forward an ingenious physiological theory in justification of his plan of treatment; unfortunately his physiology when weighed in the balance appears to be as faulty as his treatment. As already stated, the class of patients under consideration were those suffering from the destructive mania of general paralysis. He states that there are two classes of destructive patients. In one there is, according to his view, a state of dermal anæsthesia, diminished, almost annihilated sensibility, little or no elevation of temperature. In the other class there is heightened sensibility, dermal hyperæsthesia, with great elevation of temperature. In these cases (he adds) the skin, continuously exposed in a room of ordinary or even of low temperature, retains its elevation. Now, argues Dr. Sheppard, wherever there is a hot hyperæsthetic skin, clothing of any kind is a distressing burden, and self-created nudity is the result, as being alone supportable; *ergo*, let a patient so suffering follow his bent; it would be cruel and inhuman to attempt by treatment to remove the cause of the evil or to break him of his bad habits; turn him nude into a room (it is true "lined with kamptulicon, linoleum, or india-rubber, or some other durable yet yielding substance," and "heated, when necessary, by a common apparatus, to a temperature varying with the season of the year"), devoid of all furniture or bedding, there to wander aimlessly about, left to contract what habits of filthiness he may choose, and to sleep, if he can, through the long hours of the night till morning, uncaring and uncared for.

It would thus seem that Dr. Sheppard places his plan of treatment entirely on this alleged dermal hyperæsthesia—this supposed great elevation of temperature. When Dr. Sheppard writes thus is it merely a theory he advances, or is it due to facts proved by experiments? If the latter, it is to be regretted that he should not more fully have recorded his observations on the continuous heightened temperature of skin in the patients whom he submitted to the method of treatment he would thus defend. During the last twelve months I have paid great attention to the use of the thermometer in insanity, and have carefully observed and recorded the variations of temperature occurring in all classes of mental disease, and the conclusions I have arrived at are so entirely at variance with Dr. Sheppard's

theory, that it was this difference in our experience which first led me to the idea of writing this paper, believing that could I but prove Dr. Sheppard's scientific deductions based on error, even setting aside all philanthropic considerations, the condemnation of his plan of treatment must perforce follow. Shortly, then, the result of my observations causes me most decidedly to doubt that in cases of general paralysis, however violent be the accompanying symptoms of destructive mania, there is dermal hyperæsthesia, or great elevation of temperature; on the contrary, I believe that in such cases the normal temperature of the body is uniformly, and at times even considerably reduced. There is only one condition of insanity in which we get an increase in temperature, and that is in phthisical insanity; in such cases the thermometer will at times mount up as high as  $105^{\circ}$ , in no other have I ever found anything but a reduction, not even in the most violent acute sthenic mania. So surely as the mind is diseased, so surely, unless the insanity is due to phthisis, will the temperature be reduced below the normal standard, and the lower the type of the disease the more marked is the departure from the average—so true is it that insanity is essentially a *disease of debility*.

Before I had any intention of writing this paper, or indeed knew of there being any occasion for it, I had compiled the following table for an article I was preparing on "The Use of the Thermometer in Insanity." It may be interesting to give it here. I took four as typical cases of the various forms of insanity as I could pick out in the Hayward's Heath Asylum, and endeavoured to obtain the normal temperature of each case under as nearly as possible the same existing circumstances, using a thermometer made by Casella, and verified by Dr. Aitken, placing it in the axilla, and allowing it to remain there six minutes in each case.

I may premise that I take the normal temperature of the human body to be  $98^{\circ}4$ , that being the degree settled by Dr. Aitken. The results of my observations were that in

4 cases of acute mania	the highest temperature was	$98^{\circ}$ ,	the lowest	$96^{\circ}$
4 " chronic mania	"	$97^{\circ}$	"	$95^{\circ}6$
4 " melancholia	"	$97^{\circ}4$	"	$96^{\circ}$
4 " dementia	"	$96^{\circ}4$	"	$94^{\circ}6$
4 " melancholia Attonita	"	$96^{\circ}$	"	$95^{\circ}6$
General paralysis—				
2 cases of 1st stage	"	$98^{\circ}$	"	$97^{\circ}2$
3 " 2nd stage	"	$98^{\circ}$	"	$96^{\circ}4$
4 " 3rd stage	"	$96^{\circ}4$	"	$95^{\circ}$
Epileptic mania	"	$98^{\circ}6$	"	$96^{\circ}$
Phthisical mania	"	$105^{\circ}$	"	$99^{\circ}$

It will also be found that in the cases appended to this paper the temperatures of the destructive patients is from time to time recorded, but in none is there any elevation. Such being the case,

I cannot but think that Dr. Sheppard's theory falls to the ground, and that we must look to the cause of the symptoms so graphically described by him not at the periphery, but in the nerve centres. Towards these, then, should our plan of treatment be directed.

I have carefully selected the worst forms of destructive mania which have occurred in the practice of the Sussex Lunatic Asylum, since I have been attached to it. I venture to think that the simple record of the treatment pursued to mitigate these distressing symptoms; will do more to sustain the credit of the non-restraint system, than any further attempt on my part to discuss the startling theories and inaccurate observations in Dr. Sheppard's recent paper.

E. C., female, æt. 34.—*Recurrent Mania*.—Admitted 5th February, 1866. There is nothing exceptional about this patient beyond the fact that, as she has frequent attacks of recurrent excitement, during which she is noisy, violent, and destructive, and has a strong tendency to remove all her clothing, whilst in the intervals of her attacks she appears quite rational and sane and in fair bodily health, she seemed to me a good case to determine whether there was any rise in temperature during the periods of recurrent mania.

I therefore took the temperature and the number of beats of the pulse during a sane and an insane interval every morning at 10 and every evening at 7, and the following is the result of my observations:—

Oct. 1st.—Temp.  $98^{\circ}$ ; pulse 70. Quiet and rational, so she remained until 30th.—Temp.  $97^{\circ}$ ; pulse 60. Suddenly relapsed; has been noisy and emotional all the morning.

31st.—Temp.  $97^{\circ}4$ ; pulse 70. Quiet all night and more calm, but still a little strange.

Nov. 1st.—Temp.  $97^{\circ}8$ ; pulse 64. Much as yesterday.

2nd.—Temp.  $97^{\circ}3$ ; pulse 62. Still strange, but quiet.

3rd.—Temp.  $96^{\circ}$ ; pulse 78. Noisy and destructive; incoherent.

5th.—Temp.  $95^{\circ}8$ ; pulse 64. Very excited; no sleep last night.

6th.—Temp.  $97^{\circ}2$ ; pulse 60, feeble. Excited at times.

7th.—Temp.  $97^{\circ}2$ ; pulse 68. Quiet, but emotional.

8th.—Temp.  $95^{\circ}3$ ; pulse 64. Incoherent; menstruating.

9th.—Temp.  $97^{\circ}2$ ; pulse 68. Calm, but slightly hysterical.

10th.—Temp.  $95^{\circ}2$ ; pulse 68. Very wild; destroys her bedclothes.

11th.—Temp.  $96^{\circ}6$ ; pulse 66. Looks feverish and flushed.

12th.—Temp.  $96^{\circ}$ ; pulse 68. Much as yesterday.

13th.—Temp.  $96^{\circ}2$ ; pulse 56. Quiet but very languid.

14th.—Temp.  $97^{\circ}$ ; pulse 60. Better in every respect.

17th.—Temp.  $95^{\circ}2$ ; pulse 60. Relapsed again; in the night was very noisy and destructive and had no sleep.

18th.—Temp.  $97^{\circ}$ ; pulse 64. Quieter again.

19th.—Temp.  $97^{\circ}4$ ; pulse 68. A little changeable, but much less emotional and excitable.

20th.—Temp.  $97^{\circ}2$ ; pulse 68. Calm and rational.

E. B. F.—, æt. 40.—Admitted 2nd July, 1866.—Previously to her admission into Hayward's Heath Asylum, had been in Bethlem Hospital for eighteen months, and during the whole period of her confinement there she had been in a state of the most furious mania, and so violent that it always required five nurses to dress or undress her or feed her. Her removal from Bethlem



to Hayward's Heath was marked by one continual struggle, and men had to be hired on the road to assist in restraining her.

On her admission into the asylum at Hayward's Heath, she is stated in the case book to be "in a state of the most violent irrational mania, more closely resembling the cases we read of in old text-books than the insanity of these latter days. She is never quiet for one single moment, but is continually raving, shouting, gesticulating, biting, kicking, blaspheming, and destroying; and appears quite incapable of understanding anything that is said to her." Her physical condition also was bad; she was thin, weak, and feeble, and covered with bruises and small sores; her pulse was small, thready, and very frequent; her skin was dry and yellow, and emitted a sour smell; the lips were dry and parched; and the temperature as nearly as could be ascertained was scarcely 96°.

Here was one of the most trying cases I have ever witnessed, and for nearly a month she gave us more or less trouble and anxiety. She tore up her clothes; she was noisy and restless to a degree; refused all food; and it required such an unpleasant scene of struggling every time it was necessary to do anything with her, and it was so utterly impossible to give her any medicine, that Dr. Robertson, as a last resort, administered chloroform one day to her, and, whilst she was partially under its influence, gave her nearly a pint of essence of beef tea and one grain of morphia, after which she slept for some time. This was on the ninth day after her admission, and I should record that previously she had several times been packed in the wet sheets, and had douches and warm baths, with but little benefit. Subsequently she was placed under the influence of a mixture of ether and chloroform three or four times a day, and a grain of morphia was given her each time. Under this treatment she slowly improved; first beginning to sleep better and to tear up less clothes, then to take her food without trouble; and when we had arrived at this point the inhalation of the chloroform was omitted by degrees and  $\frac{3}{4}$ ss of Tinct. of Digitalis inserted into her beer three times a day. She continued under this treatment for some weeks; at first with varying benefit, although she never quite relapsed into her former dreadful condition. Within three months, however, of her admission she had become much better, had lost all excitement and violence, fed, dressed and undressed herself, and employed herself with fancy work, at which she is very skilful. Her mind appears, however, to have received, during the many months of her illness, too severe a shock ever completely to recover itself; and, although she is now in the enjoyment of extremely good physical health, her insanity has assumed a chronic form from which but little more can be hoped.

M. M.—, female, æt. 38 years, married.—*General Paralysis*.—Wife of a beershop keeper, assisted her husband in the business, and was a good worker in the shop, but always of a passionate disposition; has had six children; is said to have been of very intemperate habits lately. She is described in the case book on admission as having the appearance of a person labouring under delirium tremens, but the sequel of her case shows that it was in reality the mania of general paralysis. As she was reported on admission not to have slept for ten nights, and, although still very excited, was much exhausted, Liq. Morph. Acet.  $\frac{3}{4}$ ss in one ounce of brandy was ordered every four hours. She did not sleep however, although this treatment was pushed for twenty-four hours. The next night one dose of Tinct. Digitalis  $\frac{3}{4}$ j was given, and she slept for nine hours, and awoke much calmer. This was continued with good results for some nights.

January 4th.—Not so well; menstruating much; pulse feeble. Omit Digitalis. To have a cold hip-bath for ten minutes, one pint of porter, two glasses of brandy, four eggs daily, and small doses of ether and opium.

January 20th.—Better physically, but noisy and destructive, symptoms of general paralysis coming on—*monomanie des grandeurs*—hesitation in speech, halting gait, &c. Tinct. Digitalis, m̄ xx, ter die.

After a month or so there was a marked amelioration in her condition and she became quite calm and very industrious, but retained her delusions of wealth, &c. On the 23rd of September following, however, she relapsed suddenly into a state of furious mania, and would tolerate nothing on her; was packed in the wet sheets, and the Digitalis, which had been omitted, returned to. This treatment was pursued for some days, and with benefit; but on her relapsing again it appeared to have lost its effect, and she gave us much trouble and anxiety for many hours, nothing apparently quieting her excitement. She was finally placed in a warm bath and retained there for upwards of an hour. This had the desired effect and she became calm. It was several times repeated, always with a good result, and she gradually became demented, and passed quietly through the various phases of her mortal disease to her death.

F. C—, male, æt. 47.—*Dipsomania*.—Admitted 6th February, 1867. Was apprehended for indecently exposing himself in the streets of Brighton and taken before the police magistrate, who sent him here. He had just had a sum of money paid him, and had been drinking heavily for the last three days without eating much. On admission he is described as being in a state of most violent excitement, noisy, violent, and restless to a degree, quite irrational, and perfectly incapable of using his reasoning faculties to any right purpose. He was brought to the Asylum confined in a strait waistcoat, and held down in a van by four men, and appeared in a very low state of bodily health.

I now quote from the case-book:—

April 7th.—He was so violent on admission, and so obstinately bent on going about in a state of nature, that it was necessary to pack him in the wet sheets at once. On being taken out the second time he was perfectly calm and rational. He took a little beef tea and brandy, 3ij, was put to bed and slept for several hours. Temp. 97°.

8th.—When visited by the attendant this morning he was standing up in his room quite naked, and all his things torn up. Immediately the attendant opened the door, he made a most savage attack on him, and continued so violent and excited that he was again ordered into the pack, and was kept in for ten hours, being taken out every hour and a half and a little whisky or brandy given.

He soon became calm, has progressed uninterruptedly towards recovery ever since, and ere these pages find a reader will be again working at home for his family. He never had a single dose of medicine during the whole time he was in the Asylum.

E. P—, male, æt. 49.—*General Paralysis*.—Was admitted into the asylum at Hayward's Heath, on 23rd May, 1865, in a state of mania, with a threatening of general paralysis indicated by the *délire ambitieux* and the "modification of articulation," which Dr. Bucknill truly terms that slight but fatal shibboleth of incurable disease, which is "neither stammering nor hesitation of speech," but a modification of both. During the first few months after admission he improved considerably, and at one time his discharge was canvassed, nothing remaining of his disease but the hesitation in speech. So he remained for nearly twelve months; but the verdict had gone forth, and gradually his dreadful disease returned with all its vigour, and he became very demented, of dirty habits, and most destructive.

On the 12th April, 1867, the entry in the case-book is as follows:—"Has

been very noisy and destructive for the last two nights, and will not remain in bed, wandering about the room quite naked. Temp. 95° 6". R. Liq. Opii, Tinct. Digitalis aa m xv every four hours.—14th. Has slept quietly for the last two nights, and is better to-day." Verily Dr. Robertson was right when he stated Digitalis to be almost specific in its action in general paralysis. This poor man still lingers on in the last throes of his deadly disease; but, as long as digitalis is judiciously administered to him, he will drift slowly but calmly to his determined end, without trouble either to himself or his neighbours.

B. H—, male, æt. 34.—*General Paralysis*.—Admitted 17th May, 1867. Insanity in the family. He fell off a ladder whilst employed on his work as a plasterer about three years ago and injured his spine. He has never been able to return to his work since, and for some time has been in the Union Workhouse, but has latterly become so noisy and so destructive that his removal to an asylum was absolutely necessary.

On admission he was in a state of mania, very restless and destructive, constantly crawling about and pulling to pieces everything that he could lay his hands on, and never contented unless undressing himself; very dirty in his habits, and incapable of controlling himself in any way. If conversed with, he would give coherent answers for a minute or two, but soon became lost and confused, and although clearly remembering his accident and everything preceding it, he had but little memory for recent events, and, clearly, answered at random. The physical symptoms were marked by very decided want of co-ordination in muscular action; when about to speak the lips became extremely tremulous, and the tongue was protruded with indecision; when he attempted to walk, it was with difficulty he could stand even, and only with great effort he could struggle on a few paces; moreover, he had but partial power over the action of the sphincters; yet, withal, he was plump-looking and well nourished, and his limbs showed considerable muscular development, although the countenance displayed the round contour of feature and want of decision so frequent in general paralysis. There was also a decided want of excito-motory sensibility in the muscles, particularly of the lower extremities. The pulse was 70, full and firm; but although he appeared in such good general health, the thermometer in the axilla never read higher than 96° 6", although left *in situ* for more than ten minutes, and recorded at all hours of the day.

On the first night of his admission he was placed in an ordinary bed in a single room. He never slept at all, but employed himself all night in tearing up his clothes and crawling naked about the room; he was also both wet and dirty. The next day his diet was specially regulated so as to be highly nutritious but at the same time totally free from stimulants, a very important point in general paralysis. For experience at Hayward's Heath has taught us that, whilst in acute mania you cannot well administer too much stimulant, in general paralysis, on the contrary, nothing is so hurtful, nothing so liable to give rise to noise, violence, and destructive habits. As evening approached he had ʒss of Tinct. of Digitalis and m xx were repeated every four hours through the night, and, although he did not sleep much, he lay calmly in bed and gave the night attendant no trouble. So he has remained ever since, and although his disease is making rapid strides, and he is becoming daily more helpless and insane, the calming effect of the digitalis is such that since the first night he has not destroyed a single article.

H. F—, male, æt. 34.—*Acute Mania passing into a chronic stage*.—Admitted 24th October, 1865. Hereditary Insanity. When admitted he was extremely wild and excited; talking in a loud voice, gesticulating freely, and

using obscene language. Had various delusions; offered his doctor three million pounds; declared that all his relations were poisoned, but that they were to be buried in St. Paul's Cathedral by his orders, &c. He was thin and emaciated, and looked pale and haggard. Pulse 100, full but easily compressed; tongue very dry, coated, and cracked; heart's action weak and laboured; slight consolidation at apex of right lung; small hydrocele.

For fully twelve months he remained mentally in the same state, noisy, destructive, and dirty, and quite the opprobrium of the asylum. Purgatives, morphia, warm baths, warm mustard baths, digitalis, packing in the cold sheets and in the mustard sheets, all were tried in turn, but with little or no benefit, except that as the mania passed from the acute to the chronic stage he gradually regained his general health and became quite strong and hearty. During the whole of this time it was the sole duty of one attendant to look after him. At one time  $\text{m} \times$  doses of dilute hydrocyanic acid were given him every fifteen minutes daily until the pulse was affected, but all with no benefit. Finally, in October last, he was placed on  $\text{3j}$  of Liq. Opii every three hours, and from that moment he began to mend. He has now for the last three months been at work with the cabinet-maker, and is about to be discharged recovered. Of a surety this case points out how necessary it is to persevere in treatment, how slow we should be to come to the conclusion that the patient is incurable until all the means at our command have had a fair trial.

W. B—, male, æt. 42 years, married.—*Spinal Paralysis; Delusional Mania.*—Admitted 2nd November, 1865. Was an auctioneer's clerk; was in the accident in the Clayton Tunnel; injured his back; has never been so fit for work since, and has a slight but decided paralysis of locomotion in the lower extremities. On admission he was very incoherent in conversation, answered questions indeed, but immediately wandered from the subject; full of delusions; fancied himself Christ; stated that he and his family were going up to London to visit the Queen, that he is possessed of great wealth, &c. Body in fair condition; pulse 98, weak, fluttering; tongue covered with a white fur and tremulous. Has a mark on the lower part of the back, apparently caused by an abscess, as well as marks of having been cupped on the nape of the neck. He was very restless and excited. There were many symptoms in this case tempting one to diagnose general paralysis—such as the peculiarity of gait, the tremulous tongue, the monomanie des grandeurs—but this hypothesis was negatived on closer examination, and thus: the peculiarity of gait was not the quick shuffling motion of the general paralytic, who seems to be helping his progression with all the muscles in his body, but was caused by his walking in a straggling and flat-footed manner, with high action, and as if his foot did not belong to him, which Dr. Bucknill tells us is a sure symptom of spinal paralysis; moreover, the tremulous tongue was unaccompanied by any modification of articulation, and I take it the two are never uncombined in general paralysis.

Became much worse after admission, and had frequent recurrent attacks of violent excitement, and was full of the most extravagant illusions; thus, to quote from the note-book:

December 7th.—Very excited; says the water-tanks are poisoned; passed a very restless night, stripping himself naked. To have  $\text{3ss}$  doses of the Mist. Sed.\* and half a glass of sherry every two hours until calm.

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\* R. Morph. Acet., gr.  $\frac{1}{2}$ ;  
Tct. Capsici,  $\text{mv}$ ;  
Acid Hydrocyan. dil.,  $\text{mv}$ ;  
Æther Chlor.,  $\text{xxlv}$ ;  
Treacle guttæ,  $\text{v}$ . }  $\text{3i}$  Sedative mixture.

10th.—Still a tendency to noise and violence, but is easily pacified. The sedative has a good effect. Continue  $\mathfrak{zss}$  ter in die.

August 24th.—Has been very excited for some days, and last night he became extremely noisy, destructive, and excited. He had secreted a piece of tobacco-pipe, and when visited by the night attendant, had scratched his left arm and neck very much with it, and had torn up all his clothes. This morning he is in a state of acute mania and full of strange illusions—that he is Christ, that his urine is full of diamonds, his fæces are gold, &c. Is to be packed in the wet sheets and changed every hour and a half all day, and to have  $\mathfrak{m}$  xx each of Liq. Opii and Tinct. Digitalis every three hours.

25th.—Became calm towards last evening, and passed a quiet night.

1867. January 16th.—Very deluded and excitable just at present. Believes himself to be the Saviour; that he can pardon sins, &c.  $\mathfrak{R}$  Tinct. Digitalis, Liq. Opii, aa  $\mathfrak{m}$  xx ter die S.

27th.—The digitalis stopped for two days; sedative instead,  $\mathfrak{zj}$ , every four hours. All the old symptoms returned—tearing his bedding, noisy, incoherent. Sometimes when under the digitalis he is apparently well, admitting his delusions for a short time, but always calm and pleasant. Renew the Digitalis  $\mathfrak{m}$  xx c. Liq. Opii,  $\mathfrak{m}$  xx.

28th.—Is better this morning and more collected.—Since the above date he has been kept under the influence of the digitalis, and from being noisy, destructive, and dirty—a torment to all around him, both sane and insane—he has become quite a pleasant patient, although as deluded as ever, and as little likely as ever to become fit to leave an asylum. That this change is due to the influence of the digitalis none who have watched the case can have a shadow of a doubt.

E. K—, female, æt. 30 years.—*General Paralysis*.—Admitted 29th December, 1866. Had been married for some years, and was in easy circumstances, but had never borne children. Always predisposed to melancholy and depression of spirits, which had been lately much exaggerated by constant physical debility. Mentally, on admission, she appeared to be in a state of acute dementia, had apparently but little memory, and but very limited volitional power, whilst her intellectual faculties were much paralysed, and she had considerable difficulty in collecting her ideas sufficiently to answer a question. Her speech was very hesitating and drawling, and she could scarcely pronounce certain words. She was noisy at times, fond of undressing herself and picking her clothes to pieces, but good-humoured and happy, and declared herself to be “quite well;” which was however belied by her pale, thin, and debilitated appearance, her hesitating gait, and the marked want of consentaneity in all her muscular actions. Her pulse was feeble and at times rapid; the pupils irregular, right dilated, left contracted. But the most peculiar feature in her case was the presence of tubercle in the lung and large cavities, the only time I can ever remember seeing phthisis and general paralysis conjoined. This, however, accounted for the high temperature, which was frequently over  $100^{\circ}$ .

January 2nd.—Restless and noisy, especially at night, will not remain in bed. Ordered nourishing diet.  $\mathfrak{R}$  Liq. Morph. A. Tinct. Digitalis aa  $\mathfrak{m}$  xv ter die.

6th.—Quieter, but very lost and helpless; breath very offensive; tongue white and coated.  $\mathfrak{R}$  Hyd. c. cretæ gr. v.

7th.—Had a good night and remained in bed. Temp.  $99^{\circ}2$ .

24th.—Remains decidedly better, but is still at times restless and fretful. Continue the medicine in smaller doses.

26th.—Very noisy the greater part of last night, but became calm after a warm bath and an extra dose of medicine. Temp.  $100^{\circ}$ . This was her last

outbreak of excitement; she rapidly became more demented, and her health failing still more rapidly, she soon succumbed to her various ailments.

H. H—, male, æt. 46 years.—*Epileptic Mania*.—Admitted 24th January, 1861. Has been subject to attacks of epilepsy for the last fifteen years. They recur every six weeks or two months, and are supposed to have been originated by exposure to choke-damp when engaged at work in a railway tunnel. The attacks have lately gradually become more severe, and are accompanied by paroxysms of great violence and excitement, and when admitted he was in a state of the most extravagant excitement, and most dangerous to every person and thing around him, although quite incoherent and apparently unconscious of his actions. For about twelve months he remained the *bête noire* of the establishment. His fits would recur every month or so, and for about a week he would be perfectly unmanageable, and often require three or four strong men to be with him as no ordinary single room could contain him, so great was his strength and so violent were his efforts. Various plans of treatment were adopted and carried out, such as regular packing in the wet sheets, &c., but all to no purpose, and he seemed to be getting worse. About this time, however, Dr. Robertson was reintroducing the use of digitalis in mania, and H— was put on large doses. Since then he has gradually lost all his former violence and excitement, and although the fits of epilepsy were nearly as frequent as formerly, nevertheless, they were never again accompanied by the former excitement, so long as the digitalis was regularly given. His general health seemed to be very good, and he worked on the farm in the summer and in the tailor's shop in the winter up to a few months ago, when he died somewhat suddenly in an epileptic fit.

I trust this brief record of a few cases, selected as the most unfavorable we have had during my tenure of office here, will at least show Dr. Sheppard how greatly the experience and practice of this asylum differ from that pursued at Colney Hatch. It is not for me to determine which of the two more faithfully interprets the great principles of the non-restraint system on which the practice of both these asylums alike professes to be founded. Yet I trust that other observers may add the results of their experience in vindication of the humane treatment of the insane in the English County Asylums—a treatment so gravely, I must say, aspersed by Dr. Sheppard's ill-judged paper.

## PART II.—REVIEWS.

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*Idiocy and its Treatment by the Physiological Method.* By EDWARD SEGUIN, M.D. New York: William Wood and Co., 1866. Pp. 459.

THE subject of which this volume treats has of late years commanded so much attention, and the efforts which have been made for its amelioration have been so earnestly supported, that any treatise thereon would necessarily command attention. The fact, however, that this book is by one who in the infancy of the work devoted to it much time and labour, and furnished at that period the best treatise on the subject gives to these pages more than ordinary importance.

With vivid recollections of the French writings we opened with much interest the volume before us, feeling assured that whatever might be its faults it would bear the impress of the earnestness of a writer, who had manifested in former years great love for his work, and that it might possibly be enriched by the matured experiences of one who in the mean time had had the advantage of a superadded medical culture.

The object of the book as stated in the preface, is to embody, "1st, our present knowledge on Idiocy; 2nd, the method of treating idiots; 3rd, the practice of the same; and 4th, an outline of the direction to be given to the scientific efforts of the friends of idiots, and of the apostles of universal education."

The work opens with an introduction of twenty-seven pages, which gives an epitome of the efforts which have been made for the benefit of idiots throughout the world, and traces their origin to the philosophical labours of Itard to educate the savage of the Aveyron. Itard did not believe this savage to be an idiot, or he would not have undertaken his education; for he believed idiocy to be incurable. His object was "to solve the metaphysical problem of determining what might be the degree of intelligence, and the nature of the ideas in a lad, who, deprived from birth of all education, should have lived entirely separated from the individuals of his kind." Itard was unsuccessful, and finding that his savage was also an idiot, gave him up to terminate his existence in the wards of the Bicêtre. While acknowledging the value of the physiological method which Itard evolved, we cannot help feeling that the author has been carried away by a flood of enthusiasm when he attempts to

prove that all the improvements in general education owe their origin to the efforts put forward to educate idiots and deaf mutes.

To agree with our author would be to elevate idiocy into a source of incalculable good, to believe that but for the blighted mind of the idiot, modern civilization would have languished in the thick mists of unenlightened pedagogy. Our own opinion is, that the change which has taken place in education has been a natural development of the hand in hand progress of mental philosophy with physiology, and that the education of idiots has shared with that of healthy minds in the advantages of the happy combination.

It is scarcely doing justice to Jean Jacques Rousseau to imagine that he was indebted to Pereire for all his theories on physiological teaching. It often happens that similarly constituted minds are simultaneously occupied with the evolution of the same ideas. The onward march of events appears to give the stimulus, and the outcome is often the expression of the same determining influence. Nor do we think that justice has been done to Pestalozzi, when he is charged with deriving all that is good in his system from Rousseau and all that is defective from himself. He at all events has the merit of having popularised the principles he enunciated and of having reduced them to a practical shape.

The synchronous origin of ideas cannot be better illustrated than by the showing of the author, that Guggenbühl and Saegert opened their schools simultaneously in Switzerland and at Berlin without any knowledge of Seguin's writings or practice in Paris.

Passing from the historical introduction, the first part is devoted to a *résumé* of "our present knowledge of idiocy." Every author probably has his own definition of idiocy. Dr. Seguin, in putting forward his, wisely avoids laying much stress on it. He says "idiocy is a specific infirmity of the cranio-spinal axis, produced by deficiency of nutrition in utero and in neo-nati." The producing causes of idiocy are classified as "endemic, hereditary, parental, or accidental."

"Idiocy is endemic only as connected with some forms of cretinism. It is considered hereditary where there have been cases of idiocy or of insanity in the preceding or collateral generations. It is called parental when referred to certain conditions of the father or mother. The direct influence of the former ceases after conception, the intimacy of the latter with her fruit is incessant during the eventful periods of gestation and lactation; hence the share of the mother in circumstances favouring the production of idiocy is the larger. She may have been underfed in poverty herself, or through previous generations; or so miserably enervated by music, perfume, savours, pictures, books, theatres, associations, that a precocious loveliness has outgrown her motherly capabilities; as *forcing* converts the pistil and stamens of flowers into beautiful, fruitless petals.

"She, being pregnant, has used for exclusive food unnutritious substances, such as pickles, dainties, lemons, tea, brandies, &c.; or vomited all real food soon after ingestion. She has conceived at a time when spermatozoa have encountered noxious fluids of either venereal or menstrual origin, or have



been altered in their vitality previous to their emission by drunkenness, &c. She is often passive under the causes of impressions, depressions, shocks, privations, exertions, abuses, excesses, altering the nutrition of the unborn or new-born child.

"But all these circumstances do not seem to act with the same energy or frequency in the production of idiocy, which is attributed most of the time, by women worthy of being trusted, to sudden or protracted impressions of an accidental or moral nature. The same tendency appears to extend the power of these circumstances through the period of lactation, in which mothers, morally affected, have seen symptoms precursor of idiocy, such as convulsions, follow immediately the ingestion of milk, and idiocy, paralysis, epilepsy, or death supervene.

"Accidental idiocy after birth, by innutritious diet and want of insolation, and of other hygienic requisites; by hydrocephalus, measles, whooping-cough, intermittent fever, &c. In the above circumstances, as far as we have learned, must we look for the origin of idiocy and its annexes."

Thus in a few paragraphs Dr. Seguin dismisses the subject of the cause of idiocy. We cannot allow that it fully represents what is known on the subject. It is not a little remarkable that he omits altogether the influence of marriages of consanguinity, and disregards those slow but effective degradations of race which those who have paid much attention to the subject have recognised. Our own observations have impressed us with the importance of the influence of the tubercular and strumous diatheses on the part of the progenitors, and have not led us to attach the same value as our author to "music, perfumes, savours, pictures, pickles, dainties, or lemons." Moreover we think too much stress is laid on the retrospections of mothers as to transient impressions during pregnancy. Nothing is more common than the desire of parents to find any accidental cause for their child's malady rather than the more frequent one of degenerative influences in their race.

Dr. Seguin divides idiocy into simple and complicated, and the simple he subdivides into profound, organic, functional, and sthenic. The complications he notices are cretinism, epilepsy, chorea, paralysis, deafness, and blindness.

We are of opinion that our author attaches too much importance to chorea as a complication. It is true that among those afflicted with chorea a certain amount of mental feebleness is engendered, but among idiots properly so-called, although the co-ordinating faculty is low, chorea does not occur more frequently than in about 1 per cent. of the cases of idiocy, and then in a chronic form. Among well-fed idiots we have never known a case of acute chorea to develop itself. Our own experience is certainly in opposition to the view, that among idiots there is any great proclivity to chorea; while on the other hand again differing from our author, we have found paralysis and contractures to be very common, and serious impediments to the progressive improvement of idiots.

"Idiocy," says Dr. Seguin, "is called profound when the ganglia are

altered, and superficial when the peripheral terminus of contractibility and sensation only seem to be affected. It is called organic when the organs are sensibly altered, and functional when our imperfect instruments and observations do not permit us to trace the organic lesion as we do the functional disorder. It is called sthenic when it gives the child nervous impulses without object; and asthenic when it leaves him without them, when they are wanted for some object."

We cannot but regard this as a very doubtful mode of classification, and we cannot agree with the author on its practical value, any more than on the truthfulness of its scientific import, which he, however, does not defend.

The pathology of idiocy in the book is very meagre, and our author appears to have honest misgivings in this matter. He has, however, good cause to plead for this defect, and has certainly compensated for his deficiency in this part of the subject, by the introduction of some valuable suggestions in the branch of education of which he is so great a master.

Evidently the pathology so far as it goes, is in great part problematical, and the same remark applies to the craniological portion of the subject, which appears to us not to be the result of rigid personal observation. Much better is that relating to the physiological portion of the subject. Dr. Seguin says—

"The functions of organic life are generally below the normal standard. The respiration is not deep; the pulse is without resistance; the appetite is sometimes quite anormal in its objects, or limited to a few things, rarely voracious, though it looks so, owing to the unconventional or decidedly animal modes of eating and drinking of these children.

"The swallowing of the food without being masticated, only rolled up in saliva, sums up many of these imperfections which are to be attributed in variable proportions to absence of intelligence, want of action of the will on the organs of mastication and deglutition, deformity of, and want of relation between the same. As might be expected imperfect chewing produces on them, as on other children, unpleasant effects, but no more. Their excretions cannot be said to present any dissimilarity from those of others which our senses can discriminate; only their sebaceous matters are as different from ours as ours are from those of the variously coloured races, or from those emitted in most diseases.

"The functions of animal life, or of relation are generally affected in idiocy; either by perversion, diminution, or suppression." \* \* \*

"Idiocy affects the body in its general habits, as bending forward, throwing the head backward, moving it in a rotatory manner which seems impossible, swinging the body to and fro, or in a sort of sideway roll."

The descriptions which are given of idiocy are often graphic, and are evidently the result of much patient and long observation. Idiocy has so many phases, and may be classed in such various ways in reference to etiology and treatment, as well as to the development of philosophical views respecting it, that it may perhaps be too much to expect that the treatise should be exhaustive in these particulars.

The author goes on to describe the various anomalies of move-

ment, touch, taste, smell, hearing, sight, and speech, which idiots present.

We do not at all agree with the distinction the author draws between the idiot and the imbecile. The imbecile in our view is one afflicted from birth with a less grave lesion than that which produces idiocy; whereas the author assigns to this class those only who have had an arrest of development during youth, and he appears to give to these unfortunates but a small portion of the affectionate regard which he lavishes on their idiotic brethren.

In the second part of the treatise, Dr. Seguin expounds his principles of physiological education, and here as before points to the idiot as the source of educational advance. He says—

“The lessons at the hospitals of the incurables and of Bicêtre, of the schools at Boston and Syracuse, have not been given through the idiots in vain.

“Visitors came in and every one carried away some of the principles or instruments used there according to the chances of a daily practice. Seeing this, physicians could no longer write on the diseases of children without expatiating on moral or functional treatment, nor teachers go back to their schools without carrying with them some of our sensorial gymnastics, imitation exercises, &c. In all this, truly the idiots were the doctors and the teachers. They taught as much as could be seen or understood in a visit; they taught besides, that idiots are not the repulsive beings that our neglect made them, and that any land would be blessed where women and men would devote themselves to the task of elevating these unfortunates. Hence institutions for their education have sprung up everywhere, and the physiological method was scattered piecemeal in every educational establishment.”

Without being sufficiently enthusiastic to attribute all this flood of blessing to the education of idiots we are far from wishing to depreciate what has been effected primarily for *them*, and secondarily for the race. An idiot left uneducated is not only shut out from the enjoyments of this life, and incapable of taking his part in the world's work, but he uses up the energy of a sane life, and nullifies, to some extent, the existence of a more perfect creation. If he be but educated so as to minister to his own wants, although we may fail to establish a regulative judgment, we have at all events done much in increasing his means of enjoyment, and in liberating a productive worker from the incessant claims of a barren occupation.

That thus much, and even more than this may be done, has been abundantly proved both in this country and elsewhere.

The whole of this chapter contains much that is valuable, curiously commingled with much that is visionary. Nothing can be better than the remarks on hygiene and the importance of nutrition, on the necessity of the gradational character of the education, of teaching “every day the nearest thing to that which each child knows or can know;” of alternately stimulating and relaxing the attention, of teaching by the cultivation of observation and comparison, and using with tact sensorial impressions for the purpose of developing the

higher faculties of mind. He very properly begins with the education of the muscular system. Every person who has had practical experience in the treatment of idiots will recognise what importance should be attached to means employed to overcome anomalies and deficiency of motion, and how the nervous centres are increased in power by the healthy stimulus thus afforded to the nerve periphery.

There is a great deal of truth in Dr. Seguin's remarks on the importance of attaining perfect immobility as the starting-point for action. He says—

"Muscular activity is a function accomplished by the contraction and relaxation of the muscular elements; movement taking its fulcrum in immobility.

"Therefore, before and simultaneously with, directing the training towards the acquisition of some special movement, we must accumulate its greater energy in view of the concentration of activity into positive immobility wherefrom all action springs. Immobility is taught in various attitudes,—standing, sitting, reclining one way or another, on some gymnastic apparatus, with the rifle, the dumb-bells, the balancing-pole, etc.—according to the obstacles which are to be encountered and the various stages of the training. \* \* \*

"As immobility is in nature the fulcrum of movement, so in our training it will precede and close every exercise, and serve as transition and as repose between the various modes of active training."

Our author then takes in succession the education of the powers of prehension, locomotion, &c., and describes various plans which may be seen in operation at Earlswood and similar establishments. This part of the treatise is written with evident enthusiasm, an enthusiasm which leads the writer on at a rapid pace. The reader will be apt to imagine that the mindless creature our author first presents to us is speedily developed into the most plastic being we could desire. The author has adopted a narrative style of composition, in which he frequently says, "We do so-and-so, or "Our pupil can now do so-and-so," as if the results were certain to follow, or even had invariably followed, the means employed. We cannot help thinking that disappointment is likely to accrue from this *ex cathedra* style, and some reaction ensue against the efforts which may in many cases be advantageously employed. Thus Dr. Seguin writes—

"After months of alternate individual and group training, in fatigue, often in despondency, we see them with joy, not only imitating the physiological exercises, but carrying their few powers of imitation into the habits of life; trying to eat, dress, stand as we do before them, proffering their services to weaker children, as we tendered ours to them; and, finally, doing by the influence of habit what more gifted children do only under compulsion. We looked at the rather immovable or ungovernable mass called an idiot with the faith that where the appearance displayed nothing but ill-organised matter, there was nothing but ill-circumstanced animus. In answer to that conviction, when we educated the muscles, contractibility responded to our bidding with a spark from volition; we exercised severally the senses, but an impression could not be made on their would-be material nature, without

the impression taking its rank among the accumulated idealities; we were enlarging the chest, and new voices came out from it, expressing new ideas and feelings; we strengthened the hand, and it became the realizer of ideal creations and labour; we started imitation as a passive exercise, and it soon gave rise to all sorts of spontaneous actions; we caused pain and pleasure to be felt through the skin and the palate, and the idiot in answer tried to please by the exhibition of his new moral qualities; in fact, we could not touch a fibre of his without receiving back the vibration of his all-souled instrument."

This, and a great deal more like it, expresses the subjective wishes of the writer rather than the objective realities of life. We can imagine a reader carried away by this style of expression looking for a ready response to all his plans, and speedily giving up his efforts in disgust, in consequence of the want of correspondence between the results which he obtains and the ruddy reflex of our author's brain.

The chapter on the moral treatment of idiocy is not in our opinion equal to the previous one; it contains much that is characterised by the same defects as we have already pointed out, without being counterbalanced by the same discriminating sagacity. The moral treatment of idiots is one of great importance, and general success very much depends on the tact and judgment of the trainer in this particular.

Some of the dicta laid down are more than questionable. We cordially acquiesce, however, in the importance of commencing the moral treatment early, and the evil influence which is often exerted by injudicious friends. "We have seen idiots, after a year of obedience and contentment, relapse into their anti-social habits at the sudden reappearance of the weak-hearted person who once indulged their idiotic propensities, and the same children resume their orderly habits at her exit."

Our author attaches importance to the advantage which idiots derive from their companionship with one another, and our observations confirm his remarks. We have frequently seen an idiot child in a family depressed and injured by the isolation of his life. He may have been surrounded by brothers and sisters, but they held no companionship with him; even the youngest avoided a game with the one who spoiled the sport. Removed to the company of his peers, his sympathies are awakened, and a healthy emulation is established, which if rightly used will lead to good results. Moreover, the imitative faculties are more readily evoked in company with others, and effects are obtained which it would be useless to expect from isolated effort.

Equally important is the exercise of authority, and the insisting on obedience thereto. We doubt, however, whether recompenses are desirable to ensure obedience. We believe rather that the general life should be made as pleasurable as possible, and that punishment for disobedience should be by deprivation of pleasure. This is the

great element of success in the treatment of idiots, and the skill of the physician will be manifested in his perfect acquaintance with the idiosyncracies of his patients, and his ready knowledge as to the particular deprivation which will most influence his charge. We have witnessed curious failures from mistakes in this particular. The idiot is to some extent a hero-worshipper, and he loves to bask in the sunshine of his hero's approval. That person will not be a successful moral trainer of idiots who fails to exercise by the threat of his displeasure one of the most potent punishments he can inflict. He can only do this, however, by being consistent, truthful, and loving, with a tender appreciation of all the traits of his patients, and by holding the supreme place in their affectionate regard.

While agreeing with many of the principles laid down in this chapter, we think some are not free from grave objection. Our author, for example, insists that idiots should not take their food in large groups, within sight of huge joints, in order to avoid disgraceful manifestations. This we take as a type of an entirely mistaken principle of action. We have known, from similar motives, idiots placed in rooms with windows high above the floor, compelled to live and sleep in places as bare as possible of furniture, to eat from metal platters, and to drink from iron cups, in order "to avoid disgraceful manifestations." Where can there be any moral teaching with such a principle of action! It should be our duty rather to give them cups that *can* be broken, platters which *can* be mutilated, furniture which *can* be destroyed, to place food before them which they are not at once permitted to eat; and it is our further duty to teach our patients those habits of self-control which temptation alone can bring into action.

The chapter on "Institution" describes what Dr. Seguin considers necessary for the collective training of idiots; many of the suggestions are extremely good, but others we are persuaded are equally visionary.

The same enthusiasm which led our author to an exalted account of the speedy results from the training, naturally leads him to consider that no expense is too great in the trial.

However great our sympathy for the most afflicted of our species, we cannot entirely disregard politico-economical principles. In this respect one cannot but perceive that the details are elaborated by one who has not had the responsibility of command.

Irrespective of these considerations, we cannot take the general directions given as the best suited for the regulation of an institution. It is only fair to observe, however, that they have been written with an eye to the peculiarities and conditions of American training-schools, and have very little adaptation to English institutional requirements. We have met with very devoted officials, but we have yet to make the acquaintance of the matron, who after fol-

lowing the servants and children all day, attending to the household arrangements, to application of dressing and medicines, to the execution of the prescriptions relating to individual diet, to the clothing of each child each time it goes out, to its condition on its return, to passive oversight during school, to presiding over their festivities, yet "sees everything is right at bedtime, in the middle of the night, and in the early morning."

The volume closes with a copious appendix, which contains notes of cases, some being translations and others being transcripts from the report of persons engaged in idiot training.

We have endeavoured to give our readers a clear idea of the contents of Dr. Seguin's work. In doing this we have had to allude to points on which we differ, to call attention to errors into which the writer, in our opinion, has been led by a too fervid enthusiasm. We have not been insensible to its merits, to its earnestness, and to its frequent pregnancy with thought; but we have at the same time felt that its importance and aims rendered it worthy of other than mere indiscriminate praise. Its defects are radical; it fails to teach us anything of the pathology or morbid anatomy of idiocy, it assists but little in the diagnosis of difficult cases which every now and then arise, it gives no data on which to base a safe prognosis, and throws no new light on etiology. As the work of the physician, it is scanty; as the work of the schoolmaster, it impresses us strongly with its value, makes us regard with kindly admiration the warm sympathy which everywhere shines out, and the enthusiastic love of the subject which is the origin of its gravest faults. We have abstained from laying bare some of these faults out of respect for the loving earnestness of the author. He writes with some of the spirit of an old warrior, who gloats over campaigns in the distant past. We warm as we witness the fire of his eye and the mantling glow of his face. If, however, he is to lead us to the battle, we regret that he has been deprived so long of the ballast which practical work imparts. We feel convinced that we shall require for our victory a fuller appreciation of the strength of our enemy's position, and to reject from our equipment the weapons which have only theoretic worth. In spite of these counterbalancing aspects, we still retain, in large degree, veneration for the hero of former fights, and are influenced by the recollection that it was by virtue of the same enthusiasm which now imparts an exalted fervour to his words, that prowess was given to his arms, and that he stepped forward as the early champion of a noble but long-neglected cause.

J. L. H. DOWN.

*Lectures on Clinical Medicine, delivered at the Hôtel-Dieu, Paris, by A. Trousseau.* Translated and edited with Notes and Appendices by P. VICTOR BAZIRE, M.D., London and Paris. London: Robert Hardwicke, 1866.

It is always a great pleasure to us to peruse the works of our continental brethren, and we welcome the appearance of English translations, because they afford to English practitioners the opportunity of becoming acquainted with the observations of the continental faculty; they aid us in adding the experience of some of the highest intellects and keenest observers to our own; they widen the field of practice, giving us materials for enlarged comparison, whereby we increase our knowledge of facts; and they enable us the more readily to judge between the investigations of continental scientific men, between the theories of our much gifted neighbours and those of our own scientific labourers, by which means alone we are enabled to correct errors and eliminate truth.

Trousseau, a physician of continental reputation, singularly gifted with the highest class of intellect and not inaptly styled the French Graves, possesses in addition to his great power of observation the facility of readily communicating knowledge to others—more, he delivers his lectures in so charming a manner that he has long been recognized as the most popular clinical teacher in the French school, and a noble ornament to the medical profession. For nearly half a century, with truth as a fixed determinate object ever in view, and its isolation ever his most earnest incentive, Trousseau has laboured with most eminent success, and having earned his well-merited laurels he has given to the world the result of his long and patient investigations, and we would fain record our vote of praise and acknowledgment of the service he has rendered. His translator says of him—

“A fervent believer in the doctrine that the sole aim of medicine should be the cure of disease, and convinced that, by a thorough knowledge only of its ever-shifting, ever-varying phenomena can we hope to attain the means of curing, or, at least, of alleviating it, he has devoted all his energies to the acquisition of clinical knowledge. And to his task, it must be confessed, he has brought a keen and vigorous intellect, rare soundness of judgment, and immense powers of observation, as immense as the field in which he laboured.”

Perhaps the greatest compliment we can pay Professor Trousseau is to say that he is no specialist; that whatever branch of medicine he investigates the same philosophic spirit leads him to the most careful observation of every attendant phenomenon; and whenever



he discusses a particular disease he delights us with precisely defined descriptions which tell of his intimate knowledge of every correlative disorder.

That Professor Trousseau is a philosopher of no mean order we cannot fail to observe, and this we learn from the intrinsic evidence of his book. His candour is not less marked in his avowals of those circumstances which have from time to time operated on his mind in their moral bearing, than in his statement of facts and inductions.

To Dr. Bazire much praise is due: he states "that he has endeavoured to give a faithful translation of his author, without condensing or abridging in the least, or leaving out portions of lectures," and he has not only most happily succeeded, but has also maintained the charming conversational style of the lecturer throughout. The arrangement of the English editor also is wise and judicious; the immense importance and thoroughly practical discussion of the subjects of the first four lectures have guided Dr. Bazire in giving them the most prominent position, while the interest necessarily attaching to the new subjects of glossolaryngeal paralysis, ataxia, and aphasia entitle them to the next consideration. Dr. Bazire has added notes and appendices, taken from the writings of our most eminent authors and the results of his own experience; these are all carefully considered and well selected, and are a valuable addition to the book.

There is perhaps hardly a subject of more vast importance than EPILEPSY, and Trousseau's chapter upon it is unquestionably his masterpiece; for accuracy of observation and close reasoning he has here almost surpassed himself, and has given to us the most valuable essay we have on the subject.

The author does not assert that cerebral hypercæmia is an impossible condition, but directly admits that the brain is as capable of congestion as any other organ, and maintains that the symptoms usually attributed to cerebral congestion are more allied to syncope, and are often indications of epilepsy, eclampsia, or epileptic vertigo. The distinctions that have been drawn between epilepsy and eclampsia are simply and briefly these:—*Epilepsy* is a term used to express convulsive seizure when no lesion is evident, as exemplified in the so-called idiopathic epilepsy, and the convulsion, when either tumour in the brain or tertiary syphilis are suspected:—*Eclampsia* is a term used to express convulsive seizure in the subjects of blood poisoning, intestinal irritation, external irritation, or anæmia from hæmorrhage. The distinctions are much more apparent than real, and Trousseau unreservedly declares that the affections, though widely different in their nature, are identical neuroses, adducing irresistible arguments in support of his opinion. The symptomatic expression and the

proximate cause in both affections are the same; but this proximate cause now does, and perhaps always will, escape discovery, while the post-mortem appearance of the brain, in all cases where the individual has died in the convulsion, is merely vascular congestion. The convulsion of pregnancy in a woman long subject to epilepsy is not distinguishable from the convulsion which sometimes immediately precedes labour; neither is the convulsive seizure associated with tubercle, cancerous and bony tumour, or the convulsion of a child suffering from worms or from scarlatinal dropsy, in the least different from an epileptic fit. And our author affirms his belief that the molecular condition of the brain and spinal cord is the same whether the fit occurs under the category of eclampsia or of epilepsy. Trousseau, to use his own expression, is an *organicist*, and, in the firm conviction that functional lesion cannot occur without tissue modification, regards every case of epilepsy, or of eclampsia, as symptomatic; all convulsive seizures being the expression of the same intimate modification of the central organ, whether due to tumour, poisoning, anemia, external irritation, or some inappreciable organic condition. In treating, however, of epilepsy our author confines himself to the discussion of the subject as defined, separating from it all those forms of convulsive seizure to which the term eclampsia has been applied; and his description of a fit, which deserves the most careful study, is, without exception, the most perfect we have of this truly profound disturbance of the animal frame: we give it *in extenso*.

"All of a sudden, without any premonitory symptom, the patient utters a loud scream, and falls usually on his face. This is already an important fact, and characteristic of the real disease. \* \* \* \* The true epileptic is thrown down with such violence, that his head knocks against any obstacle in the way. Sometimes he falls backwards, or on one flank, but in most cases, I repeat, he falls forwards, and it is therefore, on his nose principally, his forehead, his chin, his cheeks,—in a word, on the prominent portions of his face, that you will find either actual wounds, or scars of old ones. Fractures of the skull, or of the bones of the extremities, dislocations, may also be caused by the fall. In some cases the patient falls into the fire and burns himself fearfully; instances even have occurred of persons found burnt to death, after falling into the fire, and whose faces were so charred as to be no longer recognisable.

"When down on the floor, the patient presents symptoms which should be carefully studied, because, although they do not last long, they are yet very characteristic. As he falls down, the epileptic is not red, as has been wrongly stated, but deadly *pale*; and this is another phenomenon which is necessarily absent in feigned epilepsy. Convulsions then begin immediately. They are tonic at first, consisting in a powerful contraction of the muscles, which are in a state of violent tension, without alternate relaxation. They are more marked on one side than the other, a character of great value in an epileptic fit, because rarely absent. Sometimes even they are limited exclusively to one half of the body. You will see, for instance, one arm twisted on itself and drawn backwards, the hand flexed, the thumb forcibly adducted and hidden by the fingers, which are bent over it into

the palm. The lower extremity is also convulsed; the foot is arched, and extremely tense; the leg is forcibly extended and twisted on itself. The muscular rigidity is not to be overcome, and although they contract convulsively with a certain degree of slowness, the muscles are agitated by quivering of their fibrillæ, which can be easily felt. To the hand they feel as hard iron. The twisting and forcible pronation of the limbs are so violent that injuries may result; and I recently saw a case of spontaneous dislocation of the shoulder which had not occurred at the time of falling. Such injuries may be inflicted in nocturnal attacks, occurring during sleep, and I shall by-and-by dwell on their significance as regards diagnoses.

"The muscles of the thorax and abdomen are in a state of tetanic rigidity, and the respiratory movements are completely arrested. After these tonic contractions have lasted a few seconds, and the thorax remained perfectly motionless, the face begins to redden; and it is then, and only then, and not when the individual falls, that the veins of the neck get distended, and that the face turns livid.

"At the time when tonic convulsions affected the muscles of the limbs and trunk, the tongue violently thrust forward from the involuntary contraction of the *genio-hyo-glossi*, protruded through the half-open jaws, swollen and purplish, but not yet cut or wounded by the teeth.

"This may be termed the *first stage* of an epileptic fit, or stage of tonic convulsions. It lasts from ten to forty seconds at most, and the second stage, that of chronic convulsions, then begins. The limbs are alternately flexed and extended, and it is this stage which characterises the epileptic fit with which every body is familiar. It lasts from half a minute to two minutes at the most, so that the whole duration of the attack varies from two to three minutes, and in most cases less still. In most cases it is in the second stage that the tongue is wounded. . . .

"With the clonic convulsions ends the convulsive attack proper; but the patient then falls into an apoplectiform condition. His breathing is stertorous, and during expiration his half-opened lips give issue to frothy saliva, which is tinged with blood. For a length of time, varying from a few minutes to half an hour, he remains in this condition of profound stupor and complete immobility."

It is in no small degree surprising that the deadly pallor of epilepsy should have been so generally overlooked, and that the second stage, that of reddening of the face and distension of the veins of the neck should have been so universally regarded as the primary and essential condition. There is little doubt that this error in the first instance gave rise to the impression, that the primary and exciting cause of epilepsy was a congested condition of the cerebrum, and, having been taught in the schools, became perpetuated; and practitioners have been led to observe closely the congested stage with its succeeding phenomena to the disregard of those antecedent.

The evidence of the anæmic condition of the brain at the invasion of the attack is almost conclusive. The deadly pallor is one irresistible ground of argument—for we must, however unwillingly, arrive at the conclusion that the whole of the vessels of the head share the condition of those on its surface—when we compare it with conditions in which congestion of the brain in a high degree is indicated by the vascular congestion of the surface of the head. In

instances such as a woman in labour, or a child in a violent fit of whooping-cough, the face becomes blue, the lips and eyelids swell, and hæmorrhage from the nose may even occur, yet we do not get a fit, though there cannot be any doubt about the brain participating in the hyperæmia; and a most confirmatory argument is adduced from the fact, that animals when bled, and when there cannot possibly be sufficient blood left in the vessels to congest any organ, usually meet death in an epileptiform convulsion.

Trousseau's view of the anæmic condition of the brain in the first stage of epilepsy does not stand alone, many observers having for some time past inclined to this opinion, and Dr. Brown-Sequard has demonstrated by actual experiment that at the onset of the attack the great nervous centres and the medulla oblongata become paler. We give the description of the phenomena, as detailed by the last-named eminent and independent observer, which cannot fail to strike the reader, so closely do they confirm those noted by the author before us.

1. Contraction of blood-vessels of the brain proper and of the face, and spasm of some muscles of the eye and face.
2. Loss of consciousness, and accumulation of blood in the base of the encephalon.
3. Tonic contraction of the laryngeal and cervical, and the thoracic muscles.
4. Crying and stoppage of respiration.
5. Tonic contraction extending to most of the muscles of the trunk and limbs.
6. Falling.
7. Asphyxia, with obstacles to the return of venous blood from the head and spinal cavity.
8. *Clonic convulsions* everywhere, contractions of the bowels, the bladder, the uterus; erection; increase of secretions; efforts at inspiration.
9. Cessation of the convulsions; coma or heavy sleep, and, after these, extreme fatigue and headache.

The fact of loss of consciousness is of high importance and is more the one characteristic of epilepsy than the convulsion, and Trousseau's cases of epileptic vertigo are of great interest as illustrating this part of the subject.

Another important characteristic upon which too little stress has been laid of late times, and to which Trousseau draws particular attention, is the ecchymoses attendant upon epilepsy. He says—

“If you examine an epileptic carefully after one of his fits, or, better still, several hours afterwards, you will often find on his forehead, his throat, and chest, minute red spots, looking like flea-bites, which do not disappear on pressure, and have all the characters of ecchymoses; not only are the small

red punctæ observed, but large ecchymoses also, which are produced in the same way, and apart from all contusion. This sign is, I repeat, of considerable importance, for the ecchymoses are a sure sign of an epileptic fit."

The characteristic ecchymosis is of especial value where diagnosis is obscure; and the more so now in the medico-legal point of view, since the question of responsibility of epileptics is occupying so much attention. We cannot endorse M. Jules Falret's opinion when he declares that an epileptic is an irresponsible person: an epileptic may be, and many epileptics are, irresponsible, but even this is only true within certain limitations, and does not warrant the proposition—epileptic, *ergo* irresponsible.

Trousseau gives us a very valuable lesson on the point, one that should sink deeply into the mind of every medical man, one we have too little considered, and one that humanity and the interests of society require us to study calmly and fairly, as it points to truths which we are called upon to embrace resolutely—truths which, could they be shown, would doubtless cause our legislature to save many a poor helpless and well-meaning sufferer from the ignominy of the scaffold, and ourselves from the slander and reproach we now bear by reason of our legal definition of responsibility. Would that our so-called experts made themselves masters of plain facts, as Trousseau has done—the surest means of carrying truthful conviction into our courts of justice and the first and only means of relieving the profession of the scandal, that "experts go forward in hopeless ignorance to try and obfuscate judge and jury, while counsel drive them out of court with word-bemuddled brain, the luckless unfortunate and often innocent accused falling a victim to their verbose wrangle. Trousseau's chapter on the relations of epilepsy contains numerous quotations from Jules Falret, bearing directly upon the association of epilepsy with responsibility, but our author clearly and distinctly asserts that a culprit, because he is epileptic, is not thereby exonerated from all criminality. Epileptics, not insane during the intervals of the attacks, undoubtedly are often great criminals in the moral acceptation of the word; they are responsible for premeditated acts, because in these they are free agents and amenable to law: but, says our author—

"If an epileptic has committed murder without any possible motive, without profit to himself or any other person, without premeditation or passion, openly, and consequently in a manner quite different from that in which crimes are usually committed, I have a right of affirming before a magistrate that the criminal impulse has been the result, *almost to a certainty*, of the epileptic shock. I would say almost if I had not seen the fit; but if I myself, or others, had seen a fit, or an attack of vertigo immediately preceding the criminal act, I would then affirm most positively that the culprit had been driven to the crime by an irresistible impulse."

We give the case with which Trousseau illustrates the above, it is

a sample of a class not uncommon, but unfortunately but too seldom recognised :—

“A young man, whilst on his way to the Palais Royal, in company of some friends, with whom he was going to dine, suddenly falls down on the ‘Place Louvis,’ but soon gets up again, and rushes on the passers by, striking them with violence. He is taken to the police station, and for some time keeps insulting the soldiers who hold him, and spitting in their faces. Now, had there been no witness of the epileptic attack which had preceded this extraordinary scene, and had not the physician (Dr. Jozat) who related the fact to me interfered, the young man would have been tried for rebellion against the police authorities. It will be easily conceived how difficult it is to arrive at the truth when the epileptic and the victim of his violence have been quite alone.”

We cannot leave this subject without one word on the treatment. Trousseau having gone through the list of drugs commonly employed, pledges his faith for alleviation, and in some instances for cure, on belladonna, which he speaks of as the least inefficacious of tried remedies. He omits to mention bromide of potassium. This omission is strange since bromide and iodide of potassium, either alone, or together, have within the last few years been so extensively used with such evident benefit. Dr. Bazire has however added a full and valuable note upon the use of bromide of potassium, condensing the experience of Drs. Brown-Sequard, Ramskill, Radcliff, Hughlings Jackson, and himself, at the National Hospital for Paralysis and Epilepsy : he says, “The results obtained are such as to warrant the conclusion that it is infinitely superior to all the other remedies that have been recommended.” Trousseau lays down, however, a rule for treatment, which is undoubtedly the essential of therapeutic influence over this fearful malady. “When a disease has penetrated the organism, when it masters its whole substance as it were, one cannot pretend to silence its manifestation, to cure it within a short space of time—a chronic disease requires a chronic treatment.”

To Dr. Wilks, of Guy’s Hospital, the profession is perhaps indebted for the earliest observations on the use of bromides and iodides in epilepsy, and the modest claim he lays to early observation on these highly valuable and important remedies, in a foot-note to his striking and able paper in Guy’s Hospital Reports for 1866, pp. 231, fully merits the notice which we most happily give it here.

Our high estimation of Trousseau and his work, and our review of the latter would be unfair were we to omit to remark that many physicians in England have been in no small degree surprised, and some not a little incredulous, regarding some of the maladies which Trousseau has included under partial epilepsy, and of those distressingly agonizing conditions which we call angina pectoris, painful spasm of the face, tic-doloreux, neuralgia, which the eminent French physician regards as expressions of the epileptic condition.

The evidences, though not absolutely conclusive as to the central modification, certainly show that there is a departure from the normal condition of healthy tissue, while the paroxysmal recurrence at least indicates the proximate cause to be allied to that of epilepsy; and the manifestation certainly simulates the epileptic aura.

Trousseau says :

"There is a form of paralysis which is always progressive in its course, fatal in its termination, and which is marked, at its onset, by a diminution of motor power in the tongue, the soft palate, and the lips. I give to this affection the name of glosso-laryngeal paralysis, in order thereby to indicate the principal symptoms which characterise it."

The comparative newness of the subject renders it interesting in an eminent degree ; the disease certainly is not new, as our author states, but like progressive locomotor ataxy, and progressive muscular atrophy, it was confounded with other forms of paralysis till Dr. Duchenne isolated it. Trousseau disclaims priority as to the discovery of the morbid process, but to his genius certainly is due the credit of the first observation of the progressive tendency of the disease. He details his first recorded case, that of Prince M—, pp. 117 and 118, which, as well as those given in the succeeding pages, is full of instruction, the diagnosis between this and general paralysis is singularly interesting.

"The general paralysis of the insane sets in, it is true, with an embarrassment of the tongue ; but there may be noticed, at the same time, slight convulsive trembling of the lips, and in most cases delirium is observed from the beginning, together with a fixed stare, which is never met with in the patients whose cases I related to you. Besides, in glosso-laryngeal paralysis the intellect is always perfectly clear, and the patients soon find out the gravity of their complaint ; whereas, this is not the case in the paralysis of the insane. Again, in this last affection, if sooner or later general feebleness of the muscular contractility be observed, in no case does this paralysis affect specially the muscles of the soft palate, nor is there ever dribbling of the saliva ; whilst from the beginning the practitioner is led, on account of the failure of the intelligence, to locate the disease in the brain."

Diphtheritic and double facial paralysis may be confounded with this neurosis ; but, as our author says, the history of the former will sufficiently suggest the nature of the case, and in the latter the immobility of the tongue and the muscles of the face are certain to decide the question.

We are daily learning more of the natural history of PROGRESSIVE LOCOMOTOR ATAXY, and since we have so advanced in our knowledge of this subject so full of interest, and since so many intellects of the highest order have devoted themselves to it with such energy, may we not indulge a reasonable hope that we may be enabled to discover means to relieve, if not to cure, a disease the pathology of which we pride ourselves we are beginning thoroughly to understand ?

Ever ready to give credit where credit is due, Trousseau renders most gracefully to Dr. Duchenne (de Bologne) the palm, as the first to bring up this disease out of the confused mass of conditions included under the head of paralysis, and adopts Duchenne's term *Progressive Locomotor Ataxy*, because it sufficiently indicates the condition. Of the other names which have been proposed, viz.:—*Tabes dorsalis*, and *Atrophy of the posterior columns of the cord*, he says the first has only its antiquity to recommend it, while the second is as long as Duchenne's and is not as precise as its advocates would have us believe. Dr. Bazire says, in a foot-note "The word *Asnergia* would be better than that of *Ataxy*, which has already a definite sense in medical language, different from its meaning in *Locomotor Ataxy*; but as this latter term has been universally adopted in France, I have hesitated before changing it." And we cannot but agree that he is wise in his hesitation. It is very evident that, whatever be our advance in the pathology of the disease our author treats of in this chapter, we have not as yet nearly reached the whole truth; and while we thus remain in gross darkness we shall exhibit more wisdom by retaining a name which gives a fair and clear idea of evident phenomena, than by seeking to fix arbitrarily a name upon pathological appearances which we so often find in strange contradiction to our anticipations, and to the preconceived conclusions drawn from symptomatic expressions.

Undoubtedly we have advanced in knowledge greatly by our study of *Progressive Locomotor Ataxy*, but the advance has taught us that we must unlearn much of our former acquisitions. The atrophy of the posterior columns and the degeneration of the posterior nerve roots, with impairment of motion but perfect retention of sensation, certainly point to some imperfection in the teaching of Longet: at all events the posterior columns and their corresponding nerves are not wholly, if at all, the conductors of tactile impressions, and while physiological experiments so clash with pathological observations, and while such experimenters as Brown-Sequard, Turck, Philippeaux, and Vulpian, achieve results which are contradicted by the experiments of other investigators of equal ability, as Leyder and Rosenthal, we can but feel the force of Trousseau's remark, "The contradictory statements of savants of acknowledged merit are only an additional proof that, as regards the functions of the spinal cord and the nervous system in general, physiology has not said its last word."

Our author adverts to the fact that microscopical examination has shown that some of the fibres of the posterior nerve roots have in some cases been found intact, from which some have advanced the theory that those healthy tubes extend their sphere of influence beyond their sphere of action, and thus supply the place of those that have disappeared; he, however, says, "The anatomical fact



cannot be disputed, but the inference drawn from it is very questionable." And in drawing attention to the bearing of the results of experiments of Brown-Sequard and others, upon the pathological observation that the posterior columns immediately influence the co-ordination of motions, he does not fail to notice that Dr. Gull has propounded the late Dr. Todd's view regarding the posterior columns as the centre of the faculty for co-ordinating voluntary movements. —*Guy's Reports*, 1858.

Trousseau tells us that his idea of the disease, notwithstanding the grave organic lesions revealed by inspection, is, that it comes under the great class of *Neuroses* or functional disturbances, "because the lesions found by no means account for all the symptoms." This statement may seem to call into question a fixed principle of our author already alluded to, viz.: "*that a functional disturbance, without a corresponding and special modification of the organ discharging that function, cannot take place*; but it is only fair to remark that he qualifies his opinion that Progressive Locomotor Ataxy is not dependent on material *lesion found*, explaining that he refers in the expression only to "lesions which can be detected by our present means of observation." The modification, he says:—

"may be more or less transitory, and it frequently does not alter the structure of the organ any more than an overcharge of electricity alters the structure of the glass or metal of a Leyden jar, and it therefore remains perfectly unknown to us. Now, as regards progressive locomotor ataxy, the fact that the lesions on which it is said to depend are not so constant as it has been positively affirmed, is an argument in favour of my opinion. In some cases, although ataxy had been present for several years, and been attended with most distinct and characteristic symptoms, skilful anatomists have not been able, either with the naked eye or with the aid of the microscope, to make out the slightest alteration of the posterior columns and roots."

The cases are rare and exceptional, but our author brings forward one observed by Dr. Gabler, and diagnosed by Dr. Duchenne, as a typical case of Progressive Locomotor Ataxy, and in which on inspection the posterior columns were not found to be atrophied, but, on the contrary, about one third of the anterior lumbar and cervical nerve-roots had disappeared. We leave this most interesting subject with some conviction that Trousseau was probably nearer the truth than other writers on the subject, when he declared that "The post-mortem appearances of Progressive Locomotive Ataxy were not the cause, but the effect of the disease."

The interest which the subject of APHASIA has of late years made for itself was no doubt Trousseau's inducement to devote a long and instructive chapter to it. In the opening pages he details many cases presenting Aphasia in its varied forms; on one case that of a patient in Hôtel-Dieu, of the name of Marcou, he lays some stress as an instance of Aphasia with left hemiplegia, being, as

far as he was aware, the only one of its kind then on record. These cases are rare it is true, but several have been well authenticated, and two are quoted by Abercrombie. It has been said that these cases have always occurred in left-handed people, and Dr. Moxon in a able, original, and very suggestive paper in the *Medico-Chirurgical Review*, endeavours to show, that education determines the spot in which the memory of words is localised, and that as only one side of our body is particularly educated, speech with the other functions is confined to one side; therefore, any central lesion involving the functions of the educated side should also involve speech. Now it is not proved that because we often use our right hand more than our left, all the right sided organs share the same superior education. In 1820, Lordat ascribed *Alalia* to a defect of co-ordination of the muscles used in the act of speaking, but did not attempt to specify the part of the brain, an injury to which might cause loss of speech. Gall conjectured that the faculty of articulate language was located in the anterior lobes of the brain, and Dr. Bouillaud was led by clinical observation to locate this faculty in the frontal lobes. In 1836, Dr. Marc Dax localised the memory of the signs of thought in the left half of the brain. In 1863, Dr. G. Dax tried to prove that the lesion concomitant with Aphasia, was invariably seated in the anterior and outer portion of the middle lobe of the left hemisphere, thus locating the seat of the language organ very near to the island of Reil, the spot indicated by Dr. Broca. So many and diverse, however, have been the observations of numerous investigators of this question, that Trousseau gives a guarded though very judicious summing up, derived as much or more from clinical observation than from post-mortem inspection.

"In aphasia there is not merely loss of speech, but there is also impairment of the understanding. The patient has lost simultaneously, in a greater or less degree, *the memory of words, the memory of the acts by means of which words are articulated, and intelligence*. Aphasia consists in loss of the faculty of expressing one's thoughts by speech, and in most cases also by writing and by gestures. As every distinct faculty presupposes a special organ, the advocates of localisation made out that the seat of this faculty in the brain is the posterior portion of the third frontal convolution, chiefly on the left side. But the most varied lesions of this spot, and I will add, of neighbouring parts, more deeply situated, such as the insula of Reil, and the corpus striatum, can bring on aphasia."

In bidding adieu to this book, we cannot too highly recommend it to the careful perusal of our brethren. The fact that the elegance of composition of the original has been so well maintained by the translator, gives it an additional claim to the success which we heartily wish it.

J. T. D.

*Die Pathologie und Therapie der Psychischen Krankheiten für Aerzte und Studierende von Dr. W. Griesinger, Professor der Medicin und Director der medicinischen Klinik an der Universität Zürich, Zweite, umgearbeitete und sehr vermehrte Auflage.* Stuttgart, 1861, pp. 538.

*Traité des Maladies Mentales, Pathologie et Thérapeutique.* Par W. GRIESINGER. Traduit de l'Allemand (2nd edition), sous les yeux de l'Auteur, par le Dr. Doumic, Médecin de la Maison Centrale de Poissy. Paris, 1865, pp. 502.

*Mental Pathology and Therapeutics.* By Professor W. GRIESINGER, M.D., &c. &c. Translated from the German (2nd edition) by C. Lockhart Robertson, M.D., Cantab., and James Rutherford, M.D., Edin. Published by the New Sydenham Society. London, 1867, pp. 524.

(Second Notice.)

IN the last number of this Journal (April, 1867) we endeavoured to present a review of the first and second books of Professor Griesinger's treatise on *Mental Pathology and Therapeutics*, the English version of which by the *New Sydenham Society* is now ready. There remains for notice on the present occasion the three concluding books of this work.\*

BOOK III.—Treats of the FORMS OF MENTAL DISEASE.  
It consists of four chapters, viz.—

CHAPTER I.—The States of Mental Depression; Melancholia.

CHAPTER II.—The States of Mental Exaltation; Mania.

CHAPTER III.—The States of Mental Weakness.

CHAPTER IV.—On several important complications of Insanity;  
General Paralysis, &c.

This third book on the FORMS OF MENTAL DISEASE occupies no less than 200 pages of the New Sydenham Society's Translation.

\* The work is divided into the following five parts:—BOOK I. *General and Introductory to the Study of Insanity.*—BOOK II. *The Cause and Mode of Origin of Mental Disease.*—BOOK III. *The Forms of Mental Disease.*—BOOK IV. *The Pathology of Mental Disease.*—BOOK V. *The Prognosis and Treatment of Mental Disease.*

The first chapter on the STATES OF MENTAL DEPRESSION, MELANCHOLIA is divided into—

SECTION I.—*Hypochondriasis.*

SECTION II.—*Melancholia in a more limited sense.*

SECTION III.—*Melancholia with stupor.*

SECTION IV.—*Melancholia with destructive tendencies.*

a. Melancholia with suicidal tendencies.

b. Melancholia with destructive and murderous tendencies.

SECTION V.—*Melancholia with persistent excitement of the will.*

The description of these several forms of Melancholia are accurately drawn from life with marvellous skill. We much regret that our limits compel us to limit the length of our extracts from the text. Each form of the disease is further illustrated by a series of striking cases culled from the wide field of Professor Griesinger's readings in Psychology.

The second chapter of Book III treats of the STATES OF MENTAL EXALTATION.

It is divided into two sections, viz.—

SECTION I.—*Mania.*

a. With anomalies of the disposition, of the desires, and of the will.

b. With anomalies of the intellect.

c. With anomalies of sensorial function and of movement.

SECTION II.—*Monomania.*

a. With anomalies of self-consciousness, the desires and the will.

b. With anomalies of the intelligence.

c. With anomalies of the sensorial functions, the movements and the conduct.

The third chapter of Book III treats of the STATES OF MENTAL WEAKNESS.

Under this head are included—

SECTION I.—*Chronic Mania* (*Die Verrücktheit; La Folie systématisée*).

Under this term are comprehended those secondary states of insanity in which, although the original morbid state of the sentiments has considerably diminished or even entirely disappeared, the individual does not recover, but remains affected in such a manner that the delirium is now most strikingly exhibited in certain fixed delirious conceptions, which are cherished with especial preference and con-

stantly repeated—always, therefore, a secondary disease developed out of melancholia or mania.

These deviations from the healthy standard may be divided into—

1. Anomalies of Self-consciousness, the Desires and the Will.
2. Anomalies of thought.
3. Hallucinations and illusions of all the organs of sense.

SECTION II.—*Dementia.*

SECTION III.—*Apathetic Dementia.*

SECTION IV.—*Idiocy and Cretinism.*

This form is divided into—

1. Idiocy in general.
2. Endemic Cretinism.

Chapter IV of this Book (III) is devoted to SEVERAL IMPORTANT COMPLICATIONS OF INSANITY. Of these disorders, the so-called *general (incomplete) paralysis*, on account of its frequency, the peculiarity of its course, and its highly unfavorable prognosis, merits, says Professor Griesinger, the greatest share of our attention.

As the second important complication of insanity he mentions *epilepsy*.

Many other morbid appearances in the motory nervous system may also complicate insanity. Sometimes transitory general convulsive states resembling hysterical attacks, or proceeding from great cerebral congestion or acute meningitis; sometimes chronic general convulsive forms, chorea-like movements, turning round and round, walking backwards or in a circle, and the like; sometimes chronic convulsions restricted to certain muscles,—for example, constant convulsive nodding of the head, convulsive lifting of the leg when walking, &c.; sometimes contractions of certain groups of muscles (of the extremities, strabismus), with or without paralysis, succeeding.

BOOK IV treats of the PATHOLOGICAL ANATOMY OF MENTAL DISEASE. It consists of two chapters, the *first* treating of the pathological anatomy of the brain and its membranes; the *second* of the pathological anatomy of other organs.

The following extract is a good sample of Professor Griesinger's power of summing up the difficulties of any question, and also presents in their true light, the results as yet attained in the study of the morbid anatomy of the brain:—

The anatomical changes which indicate insanity, that is, which produce psychical anomalies during life, are naturally to be sought for within the cranium—in the brain and its membranes. According to the data which we at present possess, it is a well-constituted fact, that in the bodies of many persons who have been insane no anomalies in these parts are to be found. If we examine the great mass of uncertain records, and except the cases in

which the insanity was cured before death, there still remains a number of cases, reported by careful special observers (and which may easily be confirmed in any asylum), where the cranial cavity and its entire contents presented altogether normal relations.

We ought to be quite as grateful to pathological anatomy for the confirmation of this fact, as for the discovery of anatomical lesions. For although in all cases of insanity we must assume a pathological affection of the brain, there is thus presented to us by these negative results, on the one hand, the strong analogy of cerebral disorders without anatomical changes to many affections of the spinal and peripheral nerves, in which there is likewise no anatomical lesion of the tissue; and, on the other hand, we thereby obtain trustworthy data for our prognosis and treatment.

But, in order that we may not form false conclusions from the fact that cases exist where no anatomical changes are present, it must be particularly borne in mind that, according to the statistics of recent careful observers, these cases always constitute the minority. We must estimate their numbers, not by the statements of those physicians who, though perhaps excellent administrators or theorists, have had no opportunity of studying the structure of the brain and its pathological changes—who understand merely how to make a rough section of the brain with scalpel and forceps, and, of course, constantly find nothing. We must consider how easily many very minute but, nevertheless, important changes—even exclusive of those which are only microscopically appreciable—may elude mere ordinary attention, and we ought, as a rule, to accept statements regarding the normal or abnormal condition of the brain from those only who, by the whole spirit of their writings, show that they are acquainted with pathological anatomy, that they acknowledge this pre-eminently, and that they know what is to be looked for and what is to be esteemed. Besides, in more recent times, the discovery of previously unknown changes, and a more definite anatomical and logical investigation of purely known facts, have tended greatly to promote the pathological anatomy of the brain; and just as we know for certainty that much that is important was overlooked by the old investigators, so may we anticipate still greater results from still more searching and minute investigations in the future.

Not only should these negative results, however, but even their theoretical application and the conclusions derivable from them, be received with favour. We must be careful not to underrate their importance on account of the occasional absence of anatomical changes after death, and to conclude that, for this reason, such anatomical lesions when present may not be the cause of the mental disorder. That would be similar to reasoning of the following nature: because cough and dyspnoea occasionally exist without any anatomical changes in the lungs, therefore in pneumonia these symptoms might not be the results of this pulmonary affection; because convulsions, spasms, paralyses, sometimes exist without organic change in the spinal cord, therefore, in cases of inflammation of the spinal cord, the convulsions, spasms, paralyses, &c., are not the direct results of this inflammation, but it is more probable that they have some other and unknown cause! Indeed, the mere discovery of any abnormal cerebral condition is only the first step in advance; and we must not rest content with this, or expect to recognise in every such anomaly the particular disorder from which the individual psychological anomaly directly springs. A knowledge of the intimate connection between kind of alteration and form of psychical disease has not yet been arrived at. It is, however, of great importance to discover whether in concrete cases palpable indications of disease exist in the crania of the insane, what they are, what appearances they bear, and how their form in general is related to the appearance of the mental affection as a whole.

Authentic reports of autopsies in which the condition of the brain is stated to be normal are principally those of cases of uncomplicated recent insanity, in the forms of melancholia and mania; and, as a rule, anatomical changes are frequent in proportion to the duration of the mental disease, according as it presented symptoms of mental weakness, particularly of profound dementia, and, finally, according as it was complicated with paralysis. Still, cases presenting considerable acute anatomical changes occur as recent cases of primary insanity (for example, the mania of acute meningitis); and, again, many reports of autopsies of cases which correspond to chronic cases of dementia and advanced imbecility show an entire absence of any anatomical anomaly. Indeed, even of the most severe mental affection known, paralytic dementia—in which also, generally speaking, by far the greatest and most constant lesions are found—there constantly occur cases where nothing abnormal can be discovered by the methods hitherto in ordinary use. In the present state of science, such cases must be considered either as rare isolated observations, such as occur in many other departments of pathology, and hitherto beyond the reach of theoretical interpretation, or they must be accepted as proofs of the fact that even the most profound weakness of the psychical processes and of the motory acts may occur without change of texture in the brain—analogous to what is sometimes presented in the spinal cord; or—and this is especially applicable to the last-mentioned case—we must, according to a well-founded analogy, assume, that as when the naked eye can observe little or nothing, still the microscope may probably reveal important changes, so from future advances in such methods of research still further results may with confidence be expected; certainly, therefore, many of these cases ought to be viewed as affording only apparently negative post-mortem results.

A consideration of the pathological changes in mental disease, shows (observes Professor Griesinger) that the principle expressed in the statement made by Esquirol towards the end of his famous career (1835), viz., that pathological anatomy has done nothing towards establishing the material conditions of insanity, no longer holds good; it may even be admitted that from the pathological anatomical stand-point of that time something definite be said regarding mental diseases. Keeping in view the great and well-constituted results, negative as well as positive, and altogether excluding rare and more isolated observations, he attempts in the following summary, to compare the various states of psychical disease with the anatomical conditions which most frequently correspond to them. With this view, he divides the various cases of insanity into three classes: 1st, Acute recent cases of melancholia and mania; 2nd, Chronic cases of protracted, exhausting melancholia and mania, partial dementia, and dementia; 3rd, Paralytic dementia. We give this valuable summary in full:—

I. *Acute Insanity*.—(1.) As in a considerable number of cases of acute insanity the brain, on anatomical examination, appears perfectly healthy, it must, in the present state of science, be assumed that the symptoms very often depend upon simple nervous irritation of the brain, or upon disorders of nutrition which are as yet unknown.

(2.) When palpable disorders exist, they consist chiefly in anæmia, with more or less serous infiltration, or (more frequently) in hyperæmia of the

entire brain, and particularly in simple and ecchymotic hyperæmia of the delicate membranes and cortical grey substance. These hyperæmias appear sometimes to produce, and at other times merely to accompany, other morbid processes of nutrition which lead to further consequences.

(3.) This hyperæmia is frequently accompanied by thickening and opacity of the membranes, the result of chronic stasis. This may, in certain cases proceed from the same causes as the hyperæmia itself; in others, however, it may be the result.

(4.) There is no constant distinct anatomical distinction between melancholia and mania: the disorders in both forms are, nevertheless, not entirely identical.

(5.) In melancholia the brain appears perfectly healthy more frequently than in mania; when an anatomical lesion exists, it does not consist in hyperæmia so frequently as in mania, but rather in anæmia with greater consistence of the cerebral substance, or with more or less serous infiltration.

(6.) Mania presents more rarely than melancholia no lesion or simple hyperæmia. The hyperæmia is more profound and more intense (sometimes attaining to an erysipelatous hue of the entire grey cortex), and it more frequently proceeds to inflammation and softening, which affects the cortical substance in only certain layers, sometimes the middle, sometimes the external layers. The rapid occurrence of extended softening of this kind frequently corresponds to a state of profound dementia which precedes death. The intense hyperæmias which accompany or produce the softening appear partly to determine the violent maniacal excitement. Frequently also, when the mania is of long standing, there is found pigmentation of the cortical grey substance.

II. *Chronic Insanity*.—(1.) Cases in which no anatomical lesion is found are here rarely observed; the same may be said of simple hyperæmias; opacity and thickening of the membranes are common (much more so than in acute insanity).

(2.) Many cases present lesions which are never observed in the former class: namely, atrophy of the brain, particularly of the convolutions; chronic hydrocephalus, effusions into the subarachnoid space, pigmentation of the cortical substance, extended and profound sclerosis of the brain.

(3.) Here, softening is not so frequently met with in the superficial cortical layer as pigmentation, superficial induration and adhesion of the pia mater; all in very various degrees.

(4.) In these states, but perhaps also in the acute stages, slight superficial inflammations of the ventricular walls must necessarily be of frequent occurrence; the granular condition of the ependyma and the frequent adhesions of the ventricular surfaces demonstrate this.

(5.) When the disease reaches the chronic stage, hyperæmia ceases; when it does exist, it is of the nature of hyperæmia *ex vacuo*; sometimes the more or less atrophied brain is anæmic and cedematous. All the changes in the brain are less indicative of active processes than of consecutive states and residues of former processes, and of marasmus—corresponding to the character of the symptoms observed during life.

(6.) Between partial dementia and dementia there is as little difference, anatomically, as between melancholia and mania: still, generally speaking, considerable atrophy of the brain corresponds to a condition of profound mental weakness. (The reverse, however, does not hold good.)

III. *Paralytic Dementia*.—(1.) Even here, cases are occasionally met with where no palpable changes exist appreciable to the naked eye; but these are rare and of slight significance, as we know that in such cases the microscope reveals important anatomical changes.

(2.) The changes most frequently observed in general paralysis are great



œdema of the membranes, adhesion of the pia mater to the cerebral surface, greyish red softening, or coloration; and partial, superficial induration of the cortical substance, with increase of connective tissue and destruction of the nervous elements.

(3.) Atrophy of the whole brain, or especially of the convolutions, is very common; together with its further consequences, induration of the cerebral substance, dilatation of the ventricles, &c. The increase of cellular tissue and development of true connective tissue occurs frequently in the white substance, either generally diffused or limited to certain portions.

(4.) Pachymeningitic processes, meningeal apoplexy, degeneration of the cerebral arteries, are common.

(5.) The degeneration of the nerve substance, and in particular the increase of connective tissue with destruction of the nervous elements, may extend to the spinal cord (Rokitansky, Joffe, Mildner, Gulliver); an important circumstance in regard to the substance observed during life.

(6.) The anatomical changes in general paralysis are more evident, more characteristic, and more general than in any other form of insanity: still, they are not always identical, but constantly present certain varieties. This appears to depend upon the fact, that in some cases one and in other cases another element of the disease is the most prominent (it may be meningitis, or atrophy of the entire brain, or sclerosis of the cortical substance); and this may depend upon the more rapid or more acute course of the disease.

From what has been said, we arrive at the following general conclusions:—

(a.) Insanity, whether acute or chronic, may be the result of simple abnormal excitation or nutrition of the brain, without the existence of any palpable change.

(b.) In the majority of cases this is not the case; it depends upon palpable diseases which are generally distinct in proportion to the duration of the insanity. These consist partly in hyperæmia and inflammatory processes, which, as a rule, are first observed in the pia mater and cortical substance, penetrate to various depths of the cerebral substance, and, if not arrested, terminate in incurable destruction and atrophy of the cerebral substance—a lesion to which the group of symptoms of dementia corresponds.

(c.) Frequently, however, it is non-inflammatory changes in nutrition, recognised only in their final results—viz., marasmus of the brain—which correspond to the serious secondary forms. The initiatory periods and stages of development of these nutrient changes, which correspond to the primary forms as yet are uninvestigated. To these processes we may give the name of *atrophic irritation of the brain*.

(d.) Our knowledge of symptoms is not yet so far advanced as to enable us to state with certainty whether, in a given case of insanity, anatomical changes exist, and where they are situated; but the facts which we observe enable us to speak with as much confidence as we can in any other diseases of the nervous system.

(e.) The most important circumstance in regard to anatomical diagnosis and to prognosis is the existence or non-existence of *severe motor disorders*, in particular of general progressive paralysis.

BOOK V treats of the THE PROGNOSIS AND TREATMENT OF MENTAL DISEASE. Chapter I on the Prognosis has already appeared as a translation in the pages of this Journal for October, 1865.

The remainder of the work is occupied with the *Therapeutics of Mental Disease*. The just relations between the moral and medical treatment of the insane are thus ably stated:—

It has so come about, from the fact of results arrived at through experience, that both the psychical and somatic methods of treatment are equally entitled to a precisely similar amount of our attention. Both modes of acting upon the patient have always instinctively been combined, and the most narrow-minded moralistic theory cannot possibly dispute the efficacy of properly directed medicaments—baths, &c.; while, at the same time, everyday experience has shown that almost no recovery can be perfected without psychical remedies (which may only consist of work, discipline, &c.). In spite, however, of the practical utility of this method, theoretical hypotheses have rendered it difficult for science to recognise the results of experience—the call for an undelayed combination of mental and physical remedies in mental disease on the ground of its necessity. Can deviations of the power of thought, it has been ironically demanded, be corrected by the thinning of an atrabilious blood, or by the solution of stagnant fluids in the portal system? Shall mental pain be combated with sneezing-powders, and perverted witticisms with clyster-tubes? The votaries of physical treatment, on the other hand, urge the influence of the bodily states upon that of the mind; they appeal to the cases in which—ay, quite evidently—insanity has been cured by digitalis, camphor, &c.; and, as generally happens in such cases, science, which aims above all things at unity and consistency of principle, satisfies in the end both parties, by the eclectic admission that in individual urgent cases either the one or the other system of therapeutics must become secondary or assisting treatment to the other or chief plan of treatment. So, with the one party, psychical with the other, somatic treatment plays, in comparison to the importance of the principal plan of treatment, only a subordinate and meagre part. But to understand the necessary equal right of both methods, it may be remembered, in the first place, that all psychical acts, normal or abnormal, are cerebral phenomena, and that cerebral activity may be modified quite as effectually, directly, and immediately by the evocation of frames of mind, emotions, and thoughts, as by diminishing the quantity of blood within the cranium, or by modifying the nutrition of the brain, as, for example, by narcotics and excitants. The fact that medicines proved empirically to be effectual have been employed in insanity, as in other diseases of the brain, requires no vindication; the frequent success of psychical treatment, too, in cases where palpable organic lesions had influenced the development of the mental disease, is explained by the influence which the brain exerts upon other organic processes: we have, therefore, a very powerful means of successfully modifying indirect disturbances of the somatic state (of the circulation, the digestion, &c.) in the direct provocation of certain states of mind. It is true that serious disorganisations of the brain (as imbecility with paralysis) render (of course) all moral influences impossible; but we know that insanity, at its commencement, consists very frequently of mere functional derangement, and that anatomical changes, if slight, do not render the success of moral treatment altogether impossible, provided that the organs are capable of accommodation to a certain extent to their respective functions; and the success which in recent times has attended many attempts, even in idiocy, and where the brain was defective, demonstrates that the skilful use of appropriate means renders possible a certain development of the understanding. From this point of view, the treatment of insanity appears to be eminently personal; it is simultaneously directed to the physical and mental nature of the individual, and when, in the following chapters, we speak in detail of the psychical and somatic as distinct modes of treatment, the fact of their intimate relation to one another cannot but be very evident.

Professor Griesinger adds the weight of his great name to those

of M. Morel and Dr. L. Meyer, in defence of the English non-restraint system. "In taking" he writes "a retrospect of the arguments for and against, we can easily understand how the value of the system of non-restraint was so long questioned, and how the arguments against it appeared to keep the ascendancy. But if we consider that these objections proceeded entirely from those who had not practically tested the system of non-restraint, and had never even witnessed it, their force will not appear so great. If we interrogate experience, which is the only proper test, we shall find that during the last ten years all doubts in reference to it have been removed. *The question is now decided entirely in favour of non-restraint. This great reform is now carried out with the most favourable results in every public asylum in England, and the name of Conolly will always be mentioned with that of Pinel, whose work he has completed.*"

Lastly, we shall allow Professor Griesinger to state his opinions on the "family-treatment" of the insane, which he does with his usual love of truth and clear judgment.

Another plan than that of asylums has been followed in some places for the maintenance and employment of the insane. A colony of insane has been formed in the remarkable Belgian village of Gheel, in which, for several hundreds of years past, lunatics have lived together with the inhabitants, and even resided in their families. In former times, people frequently resorted thither to supplicate the aid of Dymphne, the patron saint of the insane, although people are seldom in the habit now of consulting her oracle. Repeated attempts have recently been made to establish some degree of regularity and system among this settlement of lunatics. Out of a population of about 9000, it has from 900 to 1000 inhabitants who are insane. In the year 1850 it was sought to establish an administration for regulating the habits of the people and to introduce some reforms. But according to Parigôt,\* these attempts generally met with little success. The lunatics enjoy an amount of pleasure and freedom which never could be permitted them in an asylum. All who are capable of it share in the mechanical or agricultural employments of the sane. The treatment in the main is very mild, and restraint is never made use of without previously consulting a physician. Suicide is rare, and the general physical health so good, that in 1838 two of the patients reached upwards of 100 years of age. Owing to the peculiar situation of Gheel, escape by the patients is difficult; it is enclosed by moors, and is several leagues distant from other villages. With all its advantages it has undoubted drawbacks, and there has recently been published such an amount of literature of a polemical kind, furnished by critics and visitors of Gheel, that although the majority are in favour of this lunatic colony, they are obliged to admit it has serious defects. But the experiment at Gheel has proved† that the greater number of insane do not require the confinement of an asylum; that many of them can safely be trusted with more liberty than these institutions allow; and that association in the family life is very beneficial to many insane patients. The case of Gheel has suggested the question whether similar colonies might not be established in other places, and the evils resulting from the overcrowding of lunatic

\* 'Journ. de Méd. de Bruxelles,' 1859, p. 464.

† Roller, 'Ztschr. für Psych.,' xv, 1858, p. 420.

asylums thereby removed. In England and Germany an exact imitation of Gheel has been recommended; it was recently proposed to assemble a number of lunatics within a village in the immediate vicinity of a Government asylum, so that it might maintain a certain relation to them. The difficulties in the way of adopting this plan, which have been collected and clearly set down by W. Jessen,\* have not yet been surmounted. Still, however, I continue in the belief that the day will come when the means and method will be discovered by which the problem of a lunatic colony, and thus the question of the care and treatment of all classes of the insane will be finally solved.

With these words of hope Professor Griesinger concludes this most able work. He is in every sense of the word the representative man of the modern German school of psychology, and we congratulate the student of mental science in having now placed within his reach an English version, by the *New Sydenham Society*, of Professor Griesinger's invaluable contributions to the study of mental pathology and therapeutics.

*St. George's Hospital Reports.* Edited by J. W. OGLE, M.D., F.R.C.P., and T. HOLMES, F.R.C.S. Vol. I, 1866, pp. 427. London: John Churchill & Sons.

It is with great satisfaction that we have witnessed the adoption by the staff of several London Hospitals of the plan, inaugurated by the Guy's Hospital authorities many years since, of collecting and reporting cases of interest and rarity, and of promulgating the results of clinical observation carried out in the wards. For although hospitals have been made to contribute largely to the progress of practical medicine, by furnishing materials for the lectures and writings of their medical officers, as well as for the clinical study of their pupils, yet a vast amount of most valuable information has hitherto lain buried in case and in note-books simply from the absence of a convenient and satisfactory medium for its publication. The adoption by several hospitals of the plan of publishing Reports will, moreover, we believe, add to the benefits singly accruing from them as records, by fostering a spirit of emulation between the different institutions in purveying for the edification and instruction of their readers. The profession at large will be gainers by the more careful editing called forth by the desire to recommend the Reports to general acceptance, and to make them a success pecuniarily, and by the *esprit-de-corps* which will animate the medical staff of each hospital engaged in their publication.

St. George's Hospital has now followed the example set originally by Guy's, and produces a volume of reports, including original memoirs, written by several of its present medical officers, and by old pupils, most of whom have acquired a position for themselves in important medical institutions elsewhere. It has the advantage of being edited by two experienced and able literary men, Dr. J. W. Ogle and Mr. Holmes, and gives evidence of the advantages thence derived. Both editors are also contributors of original articles. Dr. Ogle treats of disease of the brain as a result of diabetes

\* 'Deutsche Klinik,' 1858, 'Ztschr. f. Psych.,' xvi, p. 42.

melinitus, illustrating his remarks by a typical case, and also making good use of the clinical records of the hospital in collecting notes of fifteen fatal cases of that disease. His observations compel him to the conclusion that, "whatever may be the more usual relationship between diabetes and disease of the brain, when they are found to occur in the same patient, there are cases in which brain lesion may follow in the train of diabetes and grow out of it, being in no wise antecedent to, or the cause of it."

Mr. T. Holmes is a larger contributor to the volume, having furnished three articles of much practical interest. He reports a case of meningocele, in which iodine was injected without ill consequences, and which would afford justification for again trying a like proceeding, in a properly selected case, with the view not of curing but of arresting the progressive increase of the tumour by growth and over-distension. His second paper is on amputation at the hip-joint; and the remaining one presents a valuable analysis of the tables of amputation at St. George's Hospital, from the year 1852 down to the present time, with the exception of one consecutive period of twelve months. This table now comprises above 300 completed cases.

Other members of the staff who have articles in the present volume are, Dr. Page, Dr. Dickinson, Mr. Prescott Hewett, Mr. George Pollock, and Mr. B. E. Brodhurst. Dr. Bence Jones writes as "formerly Physician to the Hospital"; Dr. William Ogle, as lecturer on physiology in the medical school; and Mr. Rouse, as lecturer on anatomy. Other attachés of the hospital and also contributors are, Dr. R. E. Thompson, the medical registrar; and Dr. Sturges and Mr. Pick: of the two last-named, the former gives an annual report of the cases admitted into the medical wards, the latter, one of the surgical cases treated during the year 1865.

Dr. Page's paper on the history of St. George's Hospital and School rightly occupies the first place, and is followed by an appendix containing the names of all the physicians and surgeons connected with that important institution since its foundation in 1733. It is altogether an article of especial interest to the students of St. George's. Dr. Bence Jones writes well upon jaundice and biliousness; and Dr. Hewett commences a proposed series of "Contributions to the Surgery of the Head" by a memoir on the deviations of the base of the skull in chronic hydrocephalus. Dr. Thompson gives a sketch of the history of the typhus epidemic of 1864-65, as observed at the hospital, and Dr. Allbutt, of Leeds, notes the features of an epidemic of 1865-66. Dr. William Ogle places upon record a large number of original researches on the fluctuations of temperature in the healthy body, and on the conditions whereon they depend, with the view of establishing a standard for use in carrying out thermometric observations in disease. He refers to the more numerous and prolonged inquiries of Dr. John Davy, which, though generally accepted as furnishing the requisite data, are, however, vitiated by many inaccuracies.

We cannot in this brief notice transcribe the titles of the whole of the twenty-two papers contained in this valuable volume, and note the particular points they serve to elucidate; we therefore content ourselves by noting such among them as are more likely to interest the readers of a journal specially devoted to the consideration of disorders of the brain and nerves. Foremost among such is an essay on the diagnosis, pathology, and treatment of progressive locomotor ataxy, by Mr. J. Lockhart Clarke, which, from its value and importance, will claim especial notice elsewhere in this *Journal*. Another paper "On Cerebral Symptoms occurring in certain Affections of the Ear," will be read with great though painful interest, as one of the latest contributions of Mr. Toynbee, whose premature and tragic death the profession has recently had to mourn. Dr. Dickinson narrates cases of the formation of coagula in the cerebral arteries, and follows with pathological comments thereon; and lastly, Dr. Fussell, of Brighton, summarises briefly

the notices of several writers on the subject of paralysis occurring in childhood.

Our readers will gather from this outline of the contents of this volume how much there is in it calculated to advance the knowledge of medical and surgical pathology, and to place treatment on a safer basis than it has hitherto acquired. We trust the editors will be encouraged in continuing the work year by year, for we consider that such hospital reports are among the most valuable additions to the library of the working medical man.

### PART III.—QUARTERLY REPORT ON THE PROGRESS OF PSYCHOLOGICAL MEDICINE.

#### I. *Italian Psychological Literature.*

By J. T. ARLIDGE, M.B. and A.B. Lond., M.R.C.P. Lond., &c.

Two years have glided by since we last placed before our readers an abstract of the labours of our Italian fellow-workers in the field of medical psychology, and, as may well be supposed, therefore, we find ourselves overmatched by the accumulation of Italian papers requiring notice, for some of which, consequently, no space for aught than their titles can be found within the allotted extent of this article. Indeed, the periodical medical press of America, France, and Germany is so prolific that it is next to impossible to keep our readers *au courant* with its productions. The present limits of the 'Journal of Mental Science,' its quarterly publication, and the demands upon its pages for the contributions of British psychologists, for reviews for the report of the annual meeting, and for other matters imperatively demanding room, compel the abridgment of the quarterly abstracts, and now and then their omission altogether.

The 'Archivio Italiano per le Malattie Nervose e per le Alienazioni Mentali' continues to be regularly published bi-monthly under the direction of the same able editors, Drs. Verga, Castiglioni, and Biffi. In the six numbers for 1865 we meet with the following original communications:—on genius and madness, by Borrucci; on legislative reform for the insane and for asylums, by Castiglioni; on pseudochromesthesia, by Berti; on the phrenic nerve and its relations to asthma, by Panizza; on severe melancholia terminated by erysipelas; on the genera and species of insanity from a pathological point of view, by Carlo Livi; on the sulpho-cyanide of potassium in its relations with the saliva in hydrophobia, &c., by Lusana; a singular case of neurosis, by Berarducci; on a new mode of development of calcareous concretions within the cranium, by Bizzozzero; a medico-legal report on a case of wife-murder, by Bor-

fanti and Zuffi; on bromide of potassium in nervous disorders, by Liberali, and by Biffi and Salerio; a notice of the old and of the new Sienna Asylum, by Carlo Livi; on the disordered respiratory phenomena of asthma, by Perosino; on the classification of mental disorders, and on their treatment by the Erythroxyton coca, by Mantegazza; and lastly, a medico-legal report on an incendiary, by Bonafanti and Valsuani.

Several of the papers whose titles are given above have been spread over two or more numbers of the Journal, whilst others are brief letters directed to the editors. Polite and complimentary expressions towards the editors and others referred to form evidently an important ingredient in the communications of Italian physicians, though it is one which would be indifferently appreciated in an English journal, particularly if as liberally employed as we find it in the 'Archivio' under notice, at the cost of print, and at the sacrifice of the time and patience of the student who wants to quickly seize on the gist of the article.

Abstracts from home and foreign journals occupy an important position in the Italian archives, which further comprise more or fewer bibliographical notices of new books, together with memoranda of passing events, of asylum reports and changes, of medico-legal decisions, and of personal incidents amongst the psychologists of Italy and other countries.

Dr. Borrucci's communication is in the form of a letter, wherein he contends against Moreau de Tours' inferences respecting the close alliance of genius and madness, and the nature of the former as a neurosis. The conclusion that genius and insanity are so nearly akin rests on the record of the peculiarities of character and of the moral obliquities of men of note; but, as Borrucci points out, it is not a just inference that such irregularities are peculiar to such men, the fact being that, by reason of the genius they display and the prominent position they occupy in the eyes of their fellow-men, attention is directed to the details of their life, and inconsistencies and oddities are noted which in common-place characters would be overlooked.

*Lunacy reform.*—Castiglioni writes to Gualandi (of Rome) to advocate the reform of the lunacy laws and of the system of asylum administration. He would have the question of the existence of insanity definitely settled in cases coming before the tribunals, by trained and experienced psychiatrists; and he urges the propriety of consulting such specialists in all attempts at legislation for lunatics and asylums. He rightly objects to the propositions of Gualandi, that there should be in asylums a separate fiscal authority in the interests of the patients, and an independent ecclesiastical surveillance; arguing that such a multiplication of authorities would be destructive

of harmony, of order and of effectual discipline and management. The inmates of an asylum are presumably placed there with a view to their recovery; the treatment to be followed to attain this end is the business of the physician, and the entire economy and supervision must be subordinated to him.

Castiglioni urges the adoption of the following propositions:—1. The institution of a board of inspectors, subject to the Home Minister. 2. The establishment of sufficient public asylums to accommodate the pauper insane, and at the same time to receive paying patients; the institution of private asylums for the richer classes, and the recognition of the plan of boarding out-patients, both paying and pauper, in private houses. 3. Both public and private asylums with respect to their construction, their internal government, and their arrangements, should be subject to appropriate rules. Moreover, all patients resident in their own homes, or in the houses of private persons, should have their condition regulated by arrangements made by the inspectors and approved by the Home Minister. 4. One at least of the inspectors should be a physician specially conversant with insanity, to whom the surveillance of all asylums and of individual lunatics should be delegated. 5. A special enactment should define the powers, duties, and emoluments of the inspectors.

A medical man should be invested with the charge of any patients resident in private families, and be at the same time responsible to the authority "of public security," to which he should send all necessary notices. If the medical man should deem such patients not sufficiently secured against injury to themselves, or against public scandal, or against danger or loss to the public, he should report it to the public authority. In case of recovery, of death, or of escape, or of resignation of his charge, he should do the same. In the last-named contingency the office of "public security" should appoint a successor. Nevertheless, a medical man's attendance might be dispensed with where the patient is harmless and not in need of medical aid, provided that some responsible person was entrusted with the supervision of the case, in conjunction with the board of "public security."

Application for admission should be made to the medical director of the asylum, and, only under exceptional circumstances, attested by two persons, should a patient be received without formal application from the parents or guardians of the lunatic, or from the public authorities. A certificate of lunacy from a medical man is also requisite, which, together with the other documents required for admission, and his own report on the case, should be transmitted by the medical superintendent to the office of "public security." Patients may be removed from an asylum at any time after admission by those who have placed them there, except in the case of



patients transferred from a hospital, for whose discharge the authority of their relatives is necessary. The transfer of patients to private houses, or to asylums out of the country, requires the authority of the board of "public security." The medical superintendent may discharge patients on their recovery, and also by way of trial, when persuaded that their being set at large does not jeopardise the interests and safety of others or of the patients themselves. At the same time, the superintendent is bound to inform the friends of the patients who have placed them in the asylum, and also the public authorities.

The opening of private asylums should be subjected to the approval of the public authorities, and their administration regulated according to law. Both public and private asylums to be under the supervision of a board appointed for the province where they are found, and to be governed according to rules approved by the lunacy inspectors.

The entire medical and disciplinary government of every asylum, but not its internal administration, to be placed in the hands of a medical superintendent. The relations between the medical superintendent and the managing committee to be determined by this committee, subject to the approval of the lunacy inspectors and of the minister of state. Besides the superintendent, there should be at least one other resident medical officer; and when there are more than 80 inmates, another such officer is required; and in general, there should be one medical officer to every 100 lunatics in an asylum. In such institutions, moreover, of importance, the superintendent should have an assistant medical officer, to serve as secretary and to assume his functions when absent; and in those establishments of still greater magnitude, there should be a well-educated microscopist possessed of ample histological and chemical knowledge. Where no assistant or secretary to the superintendent is found, the duties of such officer should be undertaken by the senior resident medical officer.

Such is a brief analysis of the leading propositions of Castiglioni, which in general resemble the regulations in force in English and in many foreign asylums. The author of the scheme introduces many others, such as the complete separation of the sexes, which appear as a matter of course. One of the propositions wherein he departs most widely from English precedents is that fixing the number of medical officers for asylums. The proportion assigned relatively to the number of patients is calculated to arouse the amazement of a Middlesex magistrate, and frighten him into a convulsive seizure. And well is it that the proposition proceeds from an unenlightened foreigner who has not learnt the capacity of English medical superintendents, and the views of Visiting Justices concerning their position and purpose in asylums.

*Pseudochromesthesia*, the subject of a letter by Dr. Berti to Dr. Verga, will be a new phenomenon—at least, in name—to our readers. It indicates (says Berti) a new disease, and the first notice of it appeared in the ‘Gazette Médicale de Lyon.’ The literal meaning of the term is, “false sensation of colour;” but Berti defines it as expressive of an altered visual perception (not due, however, to optical disturbance in the eye itself), whereby the objective and subjective perception of any numeral, or of any letter of the alphabet, or of combinations of letters or figures, is necessarily and inevitably connected in the mind with an impression of colour peculiar to each of them. The patient does not see them otherwise than black, the colour in which they are printed, but the perception of them in the mind, and the recalling them to memory, is associated with certain hues. Thus, Dr. Chaballier, who has described a case, states that the patient always found *a* of a black colour, *e* of a grey, *i* of a red, and *o* of a white tint; whilst, with respect to numerals, 5 and all its multiples assumed a vermilion colour, 7 a green, and 9 a black one; again, with respect to letters in combination, the word Sunday presented a white colour, Wednesday a pale red, and Saturday a bright red one. As a psychical phenomenon, moreover, each such word, when recalled to memory, was associated with its relative colour.

Dr. Berti proceeds to inquire into the nature of this curious phenomenon. It is in no way connected with any change in the structure of the eye; it is not due to congestive amblyopia; it is quite distinct from daltonism and from astigmatism. On the other hand, it is a psychical phenomenon, though not a hallucination. It consists, in Dr. Berti’s opinion, in an accidental and not necessary, though persistent, association of ideas, whereby each letter and each figure evokes the notion of a colour, in a manner not unlike the results of some ingenious mnemonical devices wherein certain signs or numbers are employed to bring to remembrance, by way of mental association, dates, or names of individuals, or facts in science; or, by way of further illustration, just as certain words, or actions, or impressions, are associated in the minds of every individual with events of early life, and recall them unbidden to the mind, though the chain of connection between the two be entirely lost sight of.

*Anatomy and Physiology of the Phrenic Nerve.*—Professor Panizza has studied these questions experimentally on several of the lower animals, and has arrived at the following results:—1. The phrenic nerves arise by two or three roots, and although essentially motor in functions, yet possess some sensitive fibres; 2. In their course through the thorax, they neither give off nor receive nerve branches; 3. On reaching the diaphragm, each nerve divides into from three to five branches, which ramify in the fleshy portion of that septum,

and particularly in the vicinity of the vertebral column—the nerve of the left side, however, not inosculating with that of the right; 4. The left phrenic does not unite with the œsophageal branches of the vagus nerve; 5. The phrenic nerves supply no branches to the stomach, spleen, or liver; 6. The attachments of the diaphragm to the ribs receive fibres from the phrenic nerves and from the diaphragmatic plexus of the intercostal nerves.

Section of the phrenic nerves paralyses the diaphragm, and is followed by disordered gastric function; not, however, from the loss of nerve supply, for the phrenics give none to the stomach, but in all probability, from the suspension of the mechanical action of the diaphragm upon the stomach.

*Melancholia, terminated by Erysipelas.*—The case in question is one of many placed on record where an acute malady, such as erysipelas, has been followed by recovery from long-standing mental disease. The patient had an attack of delirium in 1859, and after three months' treatment was discharged from the hospital cured. Soon afterwards, however, a relapse occurred, and he was readmitted into the general hospital at Milan, where, after the Lombardic fashion still in vogue in nearly all maladies, he was treated antiphlogistically—which means, was well bled. But as his madness could not be withdrawn from his veins, he was (after four months' attempt at curing him) sent into the Senavra Asylum in December, 1860; whence he was retransferred, in February, 1861, from want of room, to the general hospital. During all this period he was in a melancholic state, with suicidal tendency,—stupid and taciturn, avoiding the society of others, and constantly complaining and fretting. In March erysipelas supervened spontaneously, and spread over the head, neck, and trunk, lasting forty days, and jeopardising his life. However, as convalescence set in, the mental symptoms vanished, and after a further residence of three months for trial and observation, he was discharged well.

*Pathology of Insanity.*—Dr. Carlo Livi continues, from the first—volume, his papers on this subject in relation to the varieties of mental disorder; but as they constitute a general dissertation on the causes and diagnosis of insanity, and on the evidences of the disorder in a medico-legal point of view, they admit of no useful analysis for these pages, though they may be perused with advantage.

Dr. Lussana also continues to narrate his experiments and conclusions respecting *the saliva, the poison of hydrophobia, and the Woorara poison*. His latter papers being specially occupied with an examination of the last-named poison, consequently rather commencing themselves to physiological students than to psychiatrists.

*A singular case of Neurosis*, by Dr. Carlo Berarducci.—The case narrated under this heading is that of a woman, a native of Perugia, who suffered with somnambulism from the age of fifteen. Her father died insane; her mother was living, but had ovarian dropsy, and she had two brothers alive and in health, although one in his youth exhibited much extravagance of character. When five years old she nearly perished from smallpox, but afterwards grew stronger and enjoyed fair health, being subject, however, to headache, and of a melancholic disposition. At seven she was placed in a conventual school; when eight, and again when twelve years old, she had a severe fall on the head, and on one occasion was rendered insensible for a considerable time. At twelve menstruation was established, but not long after was suppressed by a fright she received, and did not reappear until her nineteenth year. It again ceased, and did not recur until she was twenty-two; after which it was regular, but very deficient and painful. At the age of fifteen somnambulism commenced; she wandered at night and could not find her way back to her bed in the dormitory without the guidance of others. A lamp burned in the apartment, but she was quite unconscious of its light, although she could make her way to a particular window, having a well below it, and through which she made attempts to get. She frequently called the doorkeeper to her, whom she would severely scold, although in her waking state she held this person in much fear and respect. At eighteen she was removed from the school and entered on service as a housemaid, the somnambulism still continuing for six or seven months. At length her mistress had her to sleep with her, when the morbid state gradually declined. For three years she remained better, the attacks being very few, and now for fourteen years she has had no return.

During her residence in the school she was melancholic, fond of solitude, excessively devoted to religious asceticism, and exhibited a strong erotic tendency—she also became the victim of a certain degree of demonomania. When twenty-two years of age she became desperately in love with a young man, but would not marry him. Three years subsequently she had typhoid fever, recovered slowly, and afterwards exhibited great deterioration both in her mental and physical condition, and on two occasions attempted suicide. There was much general debility, with gastric pain and indigestion. Her headache was severe and almost constant, obliging her to remain in bed for two or three days together. The most intense pain was in the occipital region and vertebral column, and was accompanied by constriction and weight, especially in the lower extremities, which were nearly always cold. There was a tendency to syncope, some dyspnœa at times, and uterine pains, aggravated during menstruation, with leucorrhœa and globus hystericus. Her nights were very rest-

less; her sleep disturbed by frightful visions, the best remedy for which was the presence of a light in her room. Her vision was weak, and she had frequently hallucinations of sight, of hearing, and of smell. Her memory was very infirm, particularly with regard to recent events; whilst her usual melancholia and quietude were replaced at the menstrual period by agitation, sometimes amounting to actual mania, and attended by ill-feeling towards, and a propensity to injure her mother, and also by general contrariety of manner and perverseness. At times, this transition of one form of mental disorder to another was varied by the intervention of a short period of hilarity, with passing fancies of being of gigantic, or otherwise of dwarfish dimensions. After the first few years of her residence in the conventual school, and when she was in the habit of passing much time in solitude, her mind would involuntarily engage itself in numbering objects in sight, running on, doubling and trebling with surprising rapidity. This mental labour soon afterwards was not limited to periods of seclusion, but was carried on when in company with others, and when engaged with work, continuing unchecked by the will or by diversion to other matters until darkness rendered objects around her no longer visible. This ungovernable propensity to count everything around her was the most remarkable feature in the case, which in other respects presented no very unusual symptoms, although a good example of somnambulism.

*On a New Mode of Development of Calcareous Concretions within the Cranial Cavity* is the subject of a paper by Dr. Giulio Bizzozero. Such concretions occur in the pineal gland, in the pia mater, dura mater, and arachnoid, in the Pacchionian corpuscles, and in the walls of the ventricles. They fracture readily, are of a round or irregular figure, refract light strongly, and are enclosed by a coating of connective tissue separable into several lamina. Their mode of origin is disputed, and probably varies in the different tissues in which they are found. Bizzozero examined them with the view of elucidating this matter in a small tumour growing from the dura mater of a man who died from tubercular disease of the lungs and intestines, but who had no head symptoms. The tumour grew from the inner surface of the dura mater, to the left of the longitudinal sinus and in the frontal region, and had deeply pressed itself into the subjacent grey lamina. It had a granular surface, a reddish colour, was rather hard and gritty when cut into, and slightly infiltrated with a reddish-white fluid. Viewed microscopically, it presented the usual characters of a sarcomatous growth, containing connective fibres and an immense number of fusiform cells enclosing an elongated nucleus with nucleoli. Acetic acid, as usual, converted the fibres and cell matters into a homogeneous

mass, leaving, however, the nuclei unchanged and apparently dispersed irregularly.

Interspersed among the fibres and cells were very numerous concretions, of two sorts, but all strongly refracting. One form had an elongated, fusiform shape, a white, or yellowish-white colour, and were translucent. When treated with sulphuric or acetic acid, with iodine, or with iodine and sulphuric acid together, they remained unchanged, and may in all probability be referred to the class of colloid corpuscles. The other variety had a spherical figure, sometimes rather elongated, strongly refracted light, and were brittle in consistence. On adding sulphuric acid they were resolved into a mass of acicular crystals of sulphate of lime, evolving in the process some bubbles of gas. In composition they evidently consisted of some carbonate, with much phosphate of lime.

An examination of these calcareous particles in different portions of the tumour showed that they might arise either directly from the component tissue, or by degeneration of the colloid bodies. In the former case they appeared first in the form of hollow utricles or cells, consisting of an enclosing membrane, with limpid contents and numerous oval nuclei, disposed with a certain degree of regularity among them. These utricles would seem to be generated by a fusion of several connective-tissue cells, and the calcareous matter to be deposited in a granular form, following the direction of the eccentric striae visible on the membranous wall. An irregular, spherical, calcareous mass soon shows itself, which enlarges by accretion on its outer surface, and at length transforms the whole utricle into a calcareous corpuscle, invested with several apparent layers of transparent organic (connective) tissue, through which the original nuclei are scattered, but now reduced in size, homogeneous and indistinct. In concretions of the largest dimensions the nuclei are, moreover, indistinguishable.

In the second mode of formation the calcareous corpuscles arise from the colloid concretions which make their appearance in utricles similar in all respects to those just spoken of, but instead of calcareous granules being precipitated within the utricles, a colloid mass is developed which grows principally in one direction, and hence gives rise to an elongated or clavate substance, which by and by undergoes calcareous degeneration; this process commencing at one extremity of the colloid mass and progressing towards the other until a complete transformation is effected. The change is marked by increased refraction, and even after all the colloid matter is superseded the calcareous corpuscles augment by extrinsic growth, and tend to assume a more globular figure. At length a calcareous body is produced, resembling in all respects the corpuscles derived by the other process of development, and indistinguishable from them.

*On Madness and Genius.*—This subject is treated of in a letter from Dr. Lombroso to Professor Borrucci, written in reply to some remarks made by the latter in a notice of an essay written by him. Lombroso therein defends his proposition that genius, though not mental disorder, yet is excessive or hyper-development of the cerebral activity and sensibility; that it is attended by certain physical phenomena, and is compensated for by defects in organic activity of other kinds, and in the sensibility itself in other directions. That consequently a coincidence frequently obtains between genius and insanity. (See p. 220.)

To substantiate this opinion, Lombroso quotes the names of numerous individuals eminent in science and art who have exhibited more or less aberration of mind. However, the matter discussed is one of a group of questions the decision respecting which is probably unattainable, inasmuch as disputants are not likely to agree in their definitions of genius and insanity, nor are facts and figures to be found showing how numerous the possessors of genius are and have been, and how largely insanity has prevailed among them. We can assign little value in deciding the question to the lists of names of writers and artists brought forward in illustration of the prevalence of insanity among those classes; for whilst some of them enjoy a world-wide reputation, others possess a very mediocre one, and not a few owe the remembrance of their name by posterity to conditions and circumstances alien to the possession of genius.

*Report on a case of Wife-murder.* By Drs. Tacchini, Bonfanti, and Zuffi.—The culprit committed the crime by means of a saddler's awl, which he mounted in a handle and got ready four days previously. This instrument he drove by repeated blows of his hand into the skull of his wife, and so firmly did he drive it that it could not be withdrawn by hand, but required pincers to effect it. The victim died three days afterwards, having miscarried with a dead child, about six months old, a few hours previously. The awl was found after death to have pierced the left parietal bone anteriorly to the parietal prominence, and to have penetrated fifteen millimetres into the cerebral substance. After the murder the husband (Zucari) walked slowly away from his home, affecting indifference, but when followed he made his escape across country and was not taken till he had got some distance away. To the soldier who captured him he protested the desperation of his mind, and asserted that he made the attack on his wife in order to punish her for her dissoluteness and her bad conduct towards her children. The evidence, however, adduced in the course of inquiry instituted showed that the wife was, on the contrary, a well-brought-up industrious woman, steady and careful in her house and affectionate towards her children, and that ever since her marriage, a period of some six years,

her husband had maltreated her, had on several occasions beaten her and driven her from her home.

The man was twenty years older than his wife, and had a robust constitution, free from hereditary taint of insanity. Two delicate children had been born to him, the younger deformed and very scrofulous. All the witnesses concurred in representing him as a vagabond, given to quarrel and to wild jealousy, and cruel by nature. Four or five days after his marriage, in a fit of jealousy without grounds, he knocked his wife down in the street, and obliged her to take refuge in the house of a neighbour for the night. The same evil passion operated with him continually, and led him to repeated acts of violence, threats, and unkindness, so that the unfortunate wife had a foreboding that some day she should fall a victim to him. The plea of insanity was set up in his defence, and the reporters carefully examined the culprit. In the plea it was stated that he had at times been called crazy and mad, but the reporters assigned no importance to these appellations, inasmuch as they were employed without any definite meaning, and could only possess value if found in accordance with the mental condition as otherwise ascertained. In their repeated and prolonged interviews with the accused, they observed no indications of mental aberration. His ideas were correct and his conversation free and coherent. He refuted the reports against his character as calumnies, and exhibited especial animosity towards the priests of his native village. When examined relative to his motive for the crime, he denied his first statement and confession as put upon record, and attributed their existence to the malevolence of the judge. He referred to the murderous act as consequent on excessive passion leading to desperation and to "a fatality of circumstances and accidents" which as it were fortuitously ended in the involuntary murder of his wife. This introduction of new elements into his account of the transaction and the ignoring of his first explanation are circumstances of moment in forming a judgment respecting his sanity; they are indeed unlike the proceedings of an insane person. The intelligence naturally possessed by Zuccari was sufficient to appreciate and direct all his actions, and he himself resented any doubt as to his mental integrity. He was free from sensorial hallucinations and manifested no delirium. There was no history of alcoholism, of heart or of brain disease, whilst the premeditation of the act and the concurrent circumstances excluded the hypothesis of partial or limited mania, as well as of simple and absolute monomania. Unfounded jealousy was evidently the impelling cause, but excessive emotion, or passion, the reporters cannot accept as tantamount to insanity or identical with it.

Three conclusions were put before the Court in reply to the questions submitted: viz. That Zuccari was not (at the date of the murder) and is not now insane. That he was in all probability incited to the



murder by malice and by the domination of the passion of jealousy. That the influence of this passion, which rightly he ought to have resisted, may, nevertheless, be allowed in mitigation of his punishment. The result of this report was that he was sentenced to death for the murder.

*On the Use of Bromide of Potassium and Bromide of Quinine in Nervous Diseases* is the subject-matter of a letter from Dr. Liberali to Dr. Biffi. The writer first quotes the conclusions of Dr. Gubler, physician of the Beaujon Hospital, relative to the effects and uses of the medicine, and then refers to his own experiments with it. He used it successfully in 8-grain doses three times a day, in the case of a boy, æt. 13, passing into puberty, who had just before had two epileptic seizures and suffered from much vascular erethism. The medicine was continued for three months, and during ten months no return of the fits had occurred. He had also employed it in various forms of mental disorder, particularly where there has been sexual excitement and masturbation—administering 16 grains daily. He tried it in two cases of recurrent mania, but without any decided effect, and places on record the results arrived at by Dr. Salerio, physician of the Asylum of St. Servolo, Venice. This gentleman employed bromide of quinine in numerous chronic and confirmed cases in the asylum, during a period of eight months. Among these cases were eighteen of epilepsy, eighteen of mania with excitement, delirium, total disorder of the intellect and diminished sensibility, &c., and fourteen of intermittent mania. Among the epileptics he could point to little good effected. In six cases no result followed; in four others the attacks became less frequent; in five the intensity of the convulsions was lessened, the heart's action was rendered less tumultuous, the subsequent maniacal paroxysms were less protracted; but withal the frequency of the fits continued unabated. Lastly, in three other cases, a three months' interval had elapsed without recurrence of convulsions. Of eighteen cases of mania, in two he had not courage to persevere with the remedy, as they seemed to grow worse; in six the excitation diminished in a few days, and was replaced by tranquil mania with hallucinations; in four others excitement rapidly subsided, but reappeared after eight days, but on the repetition of the medicine recovery ensued, and after three months they were in a state to be discharged; in other three cases, under the persevering use of the drug, the malady, which had been continued, became intermittent, and the disease progressively declined, and the patients had continued free from it for two months; lastly, in the three remaining instances the excitement ceased, but they continued dull and heavy.

In the case of the fourteen sufferers with intermittent mania, the bromide was administered every eighth day in 12-grain doses; four

of them recovered, or, at least, continued without a relapse for four months; six had a recurrent attack at the end of three months, and on the medicine being resumed, had continued well for one month; so that only one accession occurred in five months, whereas, of old, one happened monthly; moreover, the accession was mild and lasted only from one to three days. In two patients the medicine did no good.

Two of the patients suffering with intermittent mania were attacked with erysipelas of the whole head and of the left side. During the course of this malady, for fourteen days, these patients were rational and calm, yet no sooner was the erysipelas cured than the mania reappeared. The bromide was now resumed, and soon quietude was regained; and in the case of one of them, along with the reason, whilst the other has remained somewhat heavy and demented.

In intermittent and continued mania bromide of quinine alone was used; but in cases of epilepsy this medicine was given alternately with bromide of potassium, with iron, &c.

The general result attained by the bromides may be stated to be, a calming of the circulatory and of the nervous system.

Borrucci replies to Lombroso by letter on the disputed relations between genius and madness. We shall, however, not recur to this well-worn dispute, one in the main confined to words.

*On the Old and the New Asylum of St. Nicholas of Sienna.* By CARLO LIVI.—It seems that Dr. Cardona, of the Bologna Asylum, in an account of his visits to various asylums, erred in several particulars in his notice of the Sienna Institution. Hence Livi undertakes to correct him, and takes the opportunity to describe the general construction of the new asylum about to be erected. It is satisfactory to learn from his communication that many reforms have been carried out in the old building, new rules framed, and above all, the physician constituted the medical superintendent, with entire control both of the treatment of the patients and of the discipline of the establishment.

The new asylum is to contain 400 inmates; viz. 200 of each sex. Five classes will be constituted: viz. 1. Tranquil. 2. Epileptic. 3. Idiots and paralytics of dirty habits. 4. Violent and noisy patients. 5. Pensioners. These last it is proposed to place for the most part in small detached ornamental villas or cottages scattered through the grounds. The site chosen is at one end of the city, and has buildings abutting on two sides. On the other two, however, there is ample space. The buildings are arranged in a sort of crescent, of five rectilinear segments—a disposition of parts enforced by the limits of the site. The central block is occupied by the chapel, and on either side of it are the servants' rooms, baths, and

other offices. The entire building is of three stories, its elevation is in the Italian style of architecture, and its centre is surmounted by a dome. It is estimated to cost 500,000 francs (£20,000). An engraving of the elevation and one of the ground-plan are appended to this account. The latter shows a great agglomeration of apartments in the central block, and running the whole length of the pentagonal front is a corridor with rooms on *both* sides. From the two angles of junction of the several front blocks of building and from each extremity, rooms with corridors radiate backwards and join on to five posterior blocks, having a corridor on only one (the inner) aspect. By this arrangement five small, enclosed courts are formed, of little use to the inmates, and partaking of all the serious objections to which such courts are open.

An examination of the ground-plan, indeed, displays a wide departure from the models usually followed at this present day in asylum construction, and a repetition of many of the errors in structural arrangements so long condemned in most of the continental asylums, which frequently are ancient monastic structures adapted to their novel purpose, or otherwise are copies, more or less modified, from such institutions. The Sienna asylum, therefore, will not represent the modern views of the requirements and structural arrangements which we might have desired to find adopted.

*On the Classification of Mental Disorders and on their treatment by Coca (Erythroxylon coca).* By Professor Mantegazza. This is a long dissertation, well put together, but rather verbose and not redundant in originality, at least as far as the classification and description of mental disorders are concerned. On the other hand, the treatment of these maladies by coca is novel, at least to us Englishmen. The author insists on the necessity for early treatment, and desires to discover the first symptoms of mental disorder and to decide on the means necessary to relieve them. After sundry prefatory remarks on these topics the author inquires what insanity is, and propounds a new definition of it, not however as better, he says, than others already in existence. It is this: "mental alienation is a permanent aberration of one or of several faculties of the intellect (intelligence) or of the emotions (sentiments), which cannot be corrected by the will and is almost always unrecognised by the consciousness (conscience)." The several propositions included in this definition he next attempts to sustain by argument. The permanency of aberration as a phenomenon of insanity he insists upon because temporary aberrations are common in health, especially as a result of various ingesta. He argues further that, as such disorder may be excited and pass away, so we may assume insanity to occur without cerebral lesion; and that the lesions met with are not the causes but the consequences of the essential and necessary patho-

genetic cause. Again, he says the essential pathognomonic character of madness is the inability of the will to correct the intellectual disturbance. The defect of consciousness is almost constant, for the recognition of his actual condition by the patient does not obtain, save at the commencement of his malady and on the occurrence of convalescence. The lunatic is incapable of analysing his condition, and of comparing his disordered with his previous healthy state. The classification of mental disorders may be based either on pathological anatomy, or on the physiology of the cerebral functions. The present state of science forbids it on the former basis, but it may be more or less perfectly founded on the latter. The writer accordingly resorts to this basis, and in so doing divides mental disorders into several families, to wit: 1, alienation with dementia: 2, maniacal; 3, melancholic; 4, with hallucinations. These families he subdivides into genera. Thus *alienation with dementia* is firstly separable into two tribes, A congenital, B acquired. *Tribe A* has two genera, cretinism and idiocy. *Tribe B* has three genera: 1, senile dementia; 2, dementia from unknown causes or spontaneous dementia; 3, paralytic dementia.

Family 2.—Maniacal alienation—excessive violence of the will impelled by irresistible instincts. *Genus I.* Mania, which is of as many varieties as there are instincts and feelings (sentiments); *e. g.* religious, erotic, homicidal, incendiary, &c. *Genus II.* Polymania, vague or chaotic mania. Family 3.—Alienation with sadness, constituted by one genus melancholia. Family 4.—Alienation with hallucination. *Genus I.* Hallucinations of the senses. *Genus II.* Hallucinations of the consciousness (*sens intime*).

The next chapter is devoted to the consideration of the first symptoms of insanity, and in framing a diagnosis he puts forward as a first principle that the gravity of the mental disorder must never be measured by the amount of intellectual aberration. The characteristic trait of madness is the disproportion between the effect and the cause. In estimating the value of an assigned cause, the instinctive tendency of friends and relatives to exaggerate it, and generally to discover a cause when none is present, must not be overlooked; at the same time it must always be the physician's endeavour to arrive at the cause in order that he may be enabled to follow up in their natural order the different phenomena presented by the case, through their many variations and combinations. We shall not follow the author through those pages of his essay occupied with the symptomatology of the several principal forms of insanity, but will pass on to his chapter headed, "Of the philosophical bases of treatment, &c." He commences by a critique on the absence of definite, rational ends in the prevailing mode of treating insanity, and he follows by enunciating fourteen leading principles to be borne in mind. This done he enters upon a discussion of the treat-

ment to be pursued in the several principal varieties of madness. In the treatment of idiots and cretins, he would try, as subordinate however to hygienic and moral influences, stimulants, such as coffee and opium, administering them from infancy with a view to arouse intellectual activity. But he admits, with justice, that little could be hoped for from these agents.

In the case of imbecile and demented patients he would also use medicines. In acute dementia following mania he would commence with hydropathy and finish with revulsives, such as the actual cautery to the back of the neck, frictions of tartar emetic on the scalp, setons and the actual cautery. In senile dementia he has faith only in erythroxylon coca, given to chew in one to two drachm doses per day, or in infusion after each meal. The leaves of the plant are much more active, in doses of six drachms or an ounce, acting much like opium or Indian hemp, increasing the rate of circulation and producing pleasurable hallucinations. His account of the potent and remarkable properties of this plant is derived from personal observation and experiment in Peru and other countries of South America, where it is resorted to as a stimulant and narcotic by the natives. By its agency he anticipates the reparation of the nutritive forces in dementia, the diminution of the waste of organic tissue, and the stimulation of the brain to augmented activity. But he does not confine his medical treatment to the administration of this one drug. He recommends tonics, quinine and iron, diuretics, and iodide of potassium, as advocated by Dr. Hitch, of Gloucester. In mania the two heroic remedies, he remarks, are tartrate of antimony and coca, each applicable to one of the two principal forms of the disorder. In those of good constitution, with signs of determination to the head, redness of the face and reaction, he gives tartar emetic as an emetic and alterative. When he desires to subdue great excitement he mixes the tartar emetic, in quarter grain doses, with twelve grains of ipecacuanha, and gives two such doses for two days, then slightly augments the proportion and administers three doses for three days, until, in some cases, the quantity given amounts to 30 grains of ipecacuanha and two grains of antimony per day. At other times he produces nausea by adding very small doses to all the drink taken by the patient. In all those cases where Engelken employs opium the author gives coca, with the same indications in view as in dementia. But he would use neither coca nor opium to induce sleep until all other means to reduce cerebral congestion had failed.

As mania may be a phase of all other forms of mental disorder, its treatment requires to be varied according to circumstances. In epileptic mania he advises atropine and coca; in erotic mania, camphor and bromide of potassium. In the treatment of hallucination he has not met with any encouragement to use coca, but what he finds most beneficial is strong coffee.

In melancholia warm baths, particularly if prolonged, and active friction of the skin, exercise a salutary effect; but if these fail, the writer gives an infusion of coca at bedtime, and repeats it the following morning, and oftentimes its administration is followed by refreshing sleep. If these measures fail, he gives pills of camphor, henbane and nitrate of potash, as sedative, and sometimes repeats them in the course of the day.

Of the original memoirs noted among the contents of the volume of the 'Archives' for 1865, there remain but two unnoticed in this abstract: viz., a medico-legal report on a man accused of incendiarism (found insane), and Girolami's critical annotations on the propositions of Castiglioni for amending the Italian lunacy laws. These two communications, the limits allowed to this extract, we regret, must stand over for future notice.

## II.—*German Psychological Literature.*

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*Allgemeine Zeitschrift für Psychiatrie*, Vol. xxiii, 1866. "On Delusions of the Senses"; Dr. Kahlbaum. "Mania Acutissima occurring during a paroxysm of Intermittent Fever"; Professor Erhardt. "The differential Diagnosis between Dementia Paralytica and other cerebral diseases which produce Insanity and Paralysis"; Dr. V. Krafft-Ebing. "Researches concerning Hereditary Influence in Derangement of the Mind." "Mental Freedom, a principle in Forensic Psychology"; Dr. Wiebecke. "Adhesion of the Pia Mater to the Cortical Substance of the Brain"; Dr. L. Besser. "Pneumonia and Insanity"; Dr. Wille. History and Literature of Dementia Paralytica"; Dr. V. Krafft-Ebing.

*On Delusions of the Senses.*—In this paper Dr. Kahlbaum presents a very interesting discussion on the nature of hallucinations and illusions, of which the following is a *résumé*.

Among the symptoms of mental derangement, a peculiarly important place is occupied by delusions of the senses, which are derangements in the special process of mental perception through the senses, and are dependent on processes within the central organ. These delusions exist as symptoms of insanity distinct from delusions of the judgment or intellect, while both combined comprehend those derangements in the ideas and thoughts which concern the subject-matter of intellectual action; and as such, both groups are opposed to derangements in the form of thinking. There occur along with

these delusions of the senses, regarded as derangements of the central action of perception, derangements in the peripheral action of the senses. These occur not only among the insane but also among persons of sound mind, and they are usually associated in one group with delusions of the senses, though they are essentially distinct from them owing to the peripheral, extra-cerebral seat of the exciting lesion. They bear the same relation to the essential symptoms of insanity as other concomitant somatic lesions, such as hyperæsthesia. Their particular significance in insanity consists only in serving as a foundation for delusions of the judgment, just as hyperæsthesia or other somatic conditions may act.

The distinction drawn by Esquirol between hallucinations and illusions may be to a certain extent admitted, in so far as, under the term illusion, is understood delusions of the judgment concerning sensible objects, and, under hallucination, delusions of the senses. But illusions relate not only to sensible things and ideas obtained through the senses, but also to non-sensible, moral, intellectual, and especially abstract conditions; and these non-sensible illusions are frequent manifestations and essential symptoms in the insane, and are only a peculiar kind of delusion of the judgment. The delusions of the senses, hallucinations, or perhaps they might be better named false perceptions, are not in all cases similar or completely analogous phenomena, but exhibit a variety of outward manifestations, which are connected with a corresponding manifold constitution of the portion of the brain which is the organ of perception; and this constitution corresponds in its essential constituents with the results of other observations and investigations. Besides the so-called organs of the senses and nerves of sense, the external extremities, and peripheral organs of the complicated system of apparatus, there are especially two important central parts to be distinguished in each sensory sphere. These are connected, one with the central root of the nerve of sense, the other with the most central part of the psychical individuality, with the organ or principal seat of consciousness; and both are connected with one another by conducting apparatus. The first, and to a certain extent the more peripheral organ has only to perform the function of simply receiving the sensory impression into the psychical interior; it, so to speak, transforms the objective influence which depends on physical action into psychical, or bestows on it a psychical quality. This may be called the organ of perception or of psychical metamorphosis. The other, which in the route of perception is the more central organ, receives the sensory stimulus which has passed through the organ of perception, and renders it a permanent possession of the psychical interior. After the cessation of the objective stimulus, these permanent secondary stimuli sink rapidly down to a very low degree of intensity, and are only raised to greater intensity by certain impulses coming either

from within or from without. This organ again may be called the organ of apperception, and of memory. In addition to the connection between perception and apperception, there are also connections between the organs of perception and apperception, belonging to the different sensory spheres, upon whose action depends the concert of the different sensory impressions.

The organs of perception are certain grey structures situated at the base of the brain, in the trunk of the brain, and in the medulla, composed chiefly of ganglionic substance, and which are met with in development as primary organs, and exist in analogous forms in all the vertebrates. The organs of apperception, are certain portions of the cortex of the cerebrum in the neighbourhood of the longitudinal fissure, which appear in development as secondary formations, and are found among vertebrates more largely and delicately developed, according as the animals are higher in the scale of classification.

While in the ordinary action of perception the course of the process takes a centripetal direction there is also an opposite direction of functional significance, upon whose existence depends the power of attention, and the faculty of rendering conscious the ideas of objects.

The delusions of the senses, or the pathological action of the central apparatus of the senses, may be divided phenomenologically into two groups: the direct, immediate, or definite, and the indirect, mediate, or indefinite. The immediate, *direct hallucinations* may be observed at the moment of their occurrence, and, for their production, subjective stimuli in the course of one of the sensory routes are sufficient. This form of hallucination may have, in the first place, a very subjective character, in which case its elements are very changeable. There are to be observed at the same moment examples of fantastic false perceptions in several of the senses. Their excitation appears to proceed from the inmost process of subjective consciousness and of the productive fancy (*phantasmia*). Their origin is perhaps to be explained as a superexcitability of the reproductive, centrifugal sensory action, the re-perception or centrifugal excitement of re-perception through consciousness. This may be called *centrifugal hallucination*. In this case the hallucination appears either without any external stimulus, or it is produced by an object of similar character to itself. In the second place, direct hallucinations may have a more objective character. Their nature may be more uniform, more permanent, and simpler. The seat of the false perception may be confined to a single sensory province. Its production appears to be connected with a definite locality exterior to the domain of pure consciousness, and affects the consciousness with a force equal to that of an actual object (*phantomia*). Its origin is to be explained as a process carried on nearer the centre, than the



proper roots of the nerves of sense, but probably in the neighbourhood of these roots, that is, as a spontaneous excitement in the organ of perception. This form may be named *centripetal hallucination*. In this case, the hallucination is either permanent or nearly so, and may be called stable phantasia; or it may occur only at times of great emotional excitement, or of corporeal agitation,—erethish phantasia; or it may appear during tranquil contemplation, but when the attention is powerfully exerted in a particular direction.

The mediate, *indirect hallucinations*, depend on a previous excitement in another sensory province (reflex hallucination); or a sensory false reminiscence occurs spontaneously, either with or without definite character (concrete and abstract phantasia); or there is necessary an external and individual object very nearly corresponding in character to the false perception, whose objective stimulus blends with the deficient subjective stimulus, and forms a single complete impression. This last is called by Dr. Kahlbaum, *changing hallucination*, partial hallucination, perception of secondary images, or *pareidolia*.

Those manifestations which have been hitherto termed illusions, are only in very small proportion actual delusions of the senses (partial hallucinations). For the most part they are pure delusions of the judgment, while a few are false judgments, founded on imperfect perception, or deceptions produced in the peripheral organs of sense and in external conditions. The nature of illusions consists of a falsification of the judgment, by the influence of passion, or the subjective tendency of the action of the intelligence.

The subject is discussed by Dr. Kahlbaum in a very full and interesting manner, and illustrated with well-chosen cases; and whether his views be accepted entirely or not, we must regard them as calculated to throw new light upon many of the characteristic phenomena of insanity.

*Mania acutissima occurring during a paroxysm of Intermittent Fever.*—Professor Erhardt, of Kiew, gives the details of a case presenting this complication which became the subject of medico-legal investigation. The patient, Nasar Titon Glot, was a young man of thirty years of age, who had served as a soldier since 1855, and had always borne an exemplary character. He had suffered in 1863 from an attack of intermittent fever of ten days' duration. On the 1st of April, 1864 he was again attacked with ague, but did not make use of any remedy. On the 6th of the same month he walked to the bathing-room of a neighbouring village, about five miles distant from where he lived. He had felt a paroxysm coming on before he left home, but felt quite well during his walk. The first rigor occurred on his arrival at the bath-house, but after he had

remained some time in the vapour-bath and had also taken a hot water bath it passed off. He remained an hour and a half in the bath and then returned home. While dressing after the bath, the cold sensation came on, but when he had gone two miles towards his home the hot stage began, and became so severe, that he was scarcely able to reach his dwelling. There he was met by Lucie K—, who, with her mother lived in his house. The latter was completely paralysed and lay on a low plank-bed. Glot immediately on entering threw himself on a bench, and, according to his own account, fell into unconsciousness, and in his opinion remained in that condition for about an hour. As he came to his senses he felt himself better, his head was freer, but he was conscious of pain in the genitals, and he also perceived that the room was in disorder. The window and the cooking utensils were broken, and the old woman lay no longer on the bed, but beside him on the floor, and her neck was covered with blood.

According to the account given by Lucie K—, Glot's expression after his return from the bath was remarkably altered, and the perspiration was pouring from his forehead. On entering, he remained standing in the front room, and then turning round as if intending to go into the other room, saying to the old woman, Marie K—, "Go, shut the front door and I will go into the next room." He did not go, however, but tried to get upon the stove, and got down again directly, then taking a new idea into his head he called to Marie to give him a fur. When Marie had given him hers he put it on, and threw himself upon his knees before the "holy picture," and remained there. He again prostrated himself before it, and, taking the cross which he wore from his neck, called out, "Merciful God! I would kiss Thee were I not unworthy." Thereupon he threw himself upon the floor and struck it with both head and hands. He then took the cloak which he wore and tore it, his coat and his shirt, and began to call out "Give me a knife and I will kill you all." Lucie K— being alarmed, ran out to call for assistance, and took the knife and axe with her; but unfortunately forgot a shoemaker's knife which was on the bench. After her departure, Glot first smashed the window-panes and the crockery, and then seized old Marie K—, dragged her from the bed and set himself to kill her. When she begged him to spare her life, he replied, "Do not scream, I will not kill you; that would be a sin; but I will kill myself." He then sat down on the ground, cut off his scrotum, and covering himself with his cloak, lay down. After an absence of half an hour Lucie K— returned and found him in that position. The scrotum and Glot's knife lay on the ground under the bench.

The surgeon who was sent for stopped the bleeding in the wound, and Glot was taken to the hospital, where he had another paroxysm of the intermittent. He never exhibited any further symptoms of

insanity; and after a careful investigation he was set at liberty, as having been labouring under transitory mania at the time of the deed. Professor Erhardt discusses the medico-legal points fully and especially controverts Caspers rejection of mania transitoria as a valid condition of irresponsibility.

*The clinical differential diagnosis between Dementia paralytica and other cerebral diseases which produce Insanity and Paralysis.*—Dr. v. Krafft-Ebing believes that dementia paralytica, or as it is usually called in this country, general paralysis of the insane, has been the subject of two errors which have acted in opposite directions; having been by one set of authors undistinguished from several quite different diseases, and having been regarded by others as confined merely to one of its own varieties—that which is distinguished by maniacal excitement and grand delusions. The principal diseases with which according to him it has been confounded are given in the following list.

1. Senile dementia with paralysis.
2. Dementia with paralysis originating in—
  - a. Apoplexia cerebri sanguinea.
  - b. Tumor cerebri.
  - c. Encephalitis chronica.
  - d. Partial sclerosis of the brain.
3. Dementia with paralysis following a primary psychosis and produced by an extension to motor structures of the cerebral lesion which caused the psychosis, or by complication with disease in other parts of the brain.
4. Ataxie locomotrice, occurring in the course of a derangement of the mental functions.
5. Dementia with paralysis resulting from epilepsy.
6. Alkoholismus chronicus.
7. Hysterical insanity with paralysis.
8. Saturnine paralysis with mental derangement.
9. Insanity complicated with
  - a. Progressive muscular atrophy.
  - b. Meningitis spinalis.
  - c. Degeneration of the medulla spinalis.
10. Paralyse pellagreuse.
11. Phosphoric and arsenical paralysis with mental derangement.

The author confines himself to the examination of the differences between dementia paralytica and the first three in the list, and defers the consideration of the others until sufficient material has been collected to enable us to do so satisfactorily. He defines dementia paralytica as a chronic, if not also non-febrile, disease presenting two principal groups of symptoms, motor and psychical, which generally make their appearance together and advance with a great variety of

symptoms—in the motor group from simple but general disturbance of co-ordination to pronounced general paresis, in the psychical group through stages of melancholia, mania, and grand delusions, or from an initiatory condition of simple weakness of mind to continually increasing and complete dementia. The disease runs a course on the average of from two to three years, always ends fatally, and on post-mortem examination presents, almost without exception, the condition of periencephalo-meningitis diffusa chronica.

1. The following are noted by the author as marks of difference between *dementia paralytica* and *senile dementia with paralysis*.

The age of the patients. According to Calmeil, Hoffmann, Stolz, and Krafft-Ebing himself, *dementia paralytica* occurs most frequently from the 30th to the 45th year of age, while *senile dementia* seldom occurs before the 60th year.

The sex. *Dementia paralytica* is infrequent among females while no special immunity exists in either sex as regards *senile dementia*.

The exciting causes are not without a certain importance in their bearing on the diagnosis, excesses in drinking and venery being frequently causes of *dementia paralytica*, but not of *senile dementia*.

The duration of the disease is shorter in *dementia paralytica* than in *senile dementia*.

Derangements of the functions of the higher organs of sense are seldom complications of *dementia paralytica*, but frequently of *dementia senilis*.

Inequality of the pupils is frequent in *dementia paralytica*, but rare in *dementia senilis*: and when it does occur, being the result of severe disease of the eyeball or brain, it is permanent, while in *dementia paralytica* it is variable.

If *dementia senilis* commences with a maniacal stage the manifestations are essentially different from those observed in *dementia paralytica*. There are wanting the excessive impulse to movement, the great disturbance of consciousness and confusion, and the tumultuous grand delusions which characterise the latter. A childish weakness soon supervenes, and the tendency to movement especially is reduced to a childish activity, babbling, and restlessness.

Maniacal paroxysms occur frequently even in the advanced stages of *dementia paralytica*, but they seldom recur in the *senile* disease.

Observations are wanting regarding the temperature, in order to determine whether the maniacal condition with which *dementia senilis* sometimes commences is accompanied with fever; though it appears improbable, *à priori*, that it should be accompanied with inflammatory action. According to Meyer, the maniacal paroxysms in general paralysis are always accompanied with fever; and this statement is corroborated by numerous observations of Dr. Krafft-Ebing.

In those cases in which both diseases commence with symptoms of progressive weakening of the intelligence the derangements are

dissimilar. In general paralysis there is greater disturbance of the consciousness; the patient mistakes persons and localities, or is unconscious of conditions of time and place. Failure of memory is observed at a later stage than in senile dementia, and refers at first to the occurrences of youth. The mental disturbance in dementia senilis frequently begins with great apathy, sleepiness, emotional torpidity, and childish, complaining, irritable and intractable temper.

There is greater variety in the course of the mental disorder in general paralysis—the appearance of grand delusions indicate that disease.

The most important distinctive marks are furnished in the observation of the motor lesions. As regards the period of their appearance, these lesions commence in general paralysis usually at the same time as the mental, rarely a short time subsequent to them, and still more rarely previous to them; in Dementia senilis the motor disturbances follow the mental, and appear much later than in the former affection. As regards the character of the lesion, in Dementia paralytica it is general, but in D. senilis it is generally local and for the most part unilateral; it is very rarely general. In D. paralytica it exists originally as a lesion of the power of co-ordination, with retention of muscular power, or if, on account of transitory œdema of the brain as a sequel of neuro-paralytic hyperæmia, or on account of hæmatoma of the dura mater, actual palsy should appear, it is only transitory, incomplete, and rarely or only transitorily followed by symptoms of irritation (contractions). In D. senilis, on the other hand, there is true paralysis; there is from the beginning a loss of muscular power, from slight feebleness up to complete paralysis; and it is frequently unilateral, dependent on apoplexy, local softening in the brain, or unilateral atrophy. The course followed by the motor symptoms in D. paralytica is very changeable, oscillating between sudden palsy or ataxie and complete freedom from motor lesion; in D. senilis the paralysis is simply progressive or stationary, and presents no intermissions.

Lesions of speech occur in both conditions, but manifested very dissimilarly. In D. paralytica the speech is halting, trembling, and hesitating, and is also very frequently changeable in its intensity. Certain letters (s. v. f.) are difficult to pronounce; the speech is hurried, trembling, and the individual syllables smother one another; and the lesion occurs early and constitutes a cardinal symptom. In D. senilis the speech is more imperfect, as if a foreign body were in the mouth, and the lesion is more a paralysis of the tongue, later in its appearance, and only a secondary symptom. The use of false and newly-invented words for the designation of objects is a not unfrequent symptom in D. senilis.

The tongue in those suffering from general paralysis is tremulous, oscillating, unsteady, and tripping, owing to the disturbance of

co-ordination, but these symptoms are absent in *D. senilis*; there the tongue frequently lies obliquely and cannot be properly protruded.

The muscular action of the lips is frequently convulsive and vibrating in general paralytics; in *D. senilis* there is often facial paralysis, wryness of the angles of the mouth, and unequal innervation of the sides of the face—conditions which sometimes occur in *D. paralytica* also, but, like palsies in general, only temporarily.

Paralysis of the sphincter occurs only towards the end of general paralysis or in early stages is only transitory; in senile dementia it occurs early.

Neuro-paralytic hyperæmia is frequent in *D. paralytica* and passes quickly off. It has not been observed hitherto in *D. senilis*.

Epileptic and apoplectiform attacks are frequent in *D. paralytica*, but always transitory and leaving very little subsequent trace. Epileptic seizures have not, to Dr. Kraft-Ebing's knowledge, been as yet observed in *D. senilis*, and when apoplectic attacks do occur they are connected with grave cerebral symptoms, and leave decided results behind.

Grinding of the teeth, which is a frequent symptom in general paralysis is not found in senile dementia. On the other hand, there is often tremor in the latter disease amounting to paralytic agitations.

2. The author next takes up the differential diagnosis of *D. paralytica* and ordinary *Dementia with paralysis*; taking first that form which originates in sanguineous apoplexy.

This is also an affection which exhibits a course of associated mental and motor lesions, especially when it affects the cortical substance of the cerebral hemispheres, and is followed by atrophy of the structure. In this affection there are a progressive decay of intellectual life and a progressive disturbance of movement. The extension of apoplectic areas, the manner and rapidity of occurrence of the consecutive alterations in their neighbourhood (atrophy, hydrocephalus), their locality, and the various kinds of apoplectic relapses, give such individual characters to the course of the disease that it is difficult to make out definite general features, and confusion with the forms assumed by general paralysis is conceivable. At the same time some marks may be selected by which to distinguish the one from the other. The observation of the motor manifestations is of the greatest importance.

As regards the time at which these lesions appear; they precede the mental disorder by a considerable period. This distance between the appearance of mental and motor disturbance is at least longer than in the few cases of *D. paralytica* in which the motor disturbance precedes the psychical.

The motor lesion is paralytic and not co-ordinate.

It is generally unilateral, not general, and either remains stationary or retrogrades, but is never progressive. It always lasts longer (always

some weeks) when it retrogrades than when there occurs in the course of *D. paralytica* a by no means rarely occurring transitory hemiplegia, which passes off in a few days or even hours; and those lesions observed in the course of apoplexy never retrograde so completely.

Frequent concomitants in the paralysed members are contractions and ex-centric pains, indicating inflammatory irritation in the neighbourhood of the apoplexy; symptoms which are absent in general paralysis.

The disorders of sensibility, of the alimentary nerves, and of the organs of the senses, furnish no decisive indications of the difference between the two forms.

Apoplectic attacks occur both in the dementia with paralysis resulting from *A. sanguinea* and in *D. paralytica*. In the former only are they generally dependent on recent extravasation of blood. The seizures exhibit great similarity in their symptoms, such as sudden onset, more or less complete loss of consciousness and of sensibility, relaxation of the muscles, loss of motility and of reflex excitability, weak cardiac impulse, and thready pulse. There are, however, besides the greater frequency of the apoplectic attacks in *D. paralytica*, the rapidity with which the alarming symptoms pass off in that disease, and their complete disappearance, which may be voted as diagnostic signs. Within a few hours all have passed away and the patient awakes in the same state as before, or merely with a certain dulness of sensibility and confusion; and if paresis of the muscles of the trunk and limbs still remains, it, as well as the lesion of speech, disappears in a short time. In the other malady the paralysis always takes the hemiplegic form, while in general paralytics both sides of the body are affected.

The researches regarding the electro-muscular contractility and sensibility are useless for the purposes of differential diagnosis. In the examination of those sufferers from general paralysis, Dr. v. Krafft-Ebing found the existence in every case of electro-muscular contractility and sensibility, as also in those suffering from cerebral paralysis.

In the apoplectic disease the speech is affected in a similar manner as in dementia senilis, and may be useful in the diagnosis from *D. paralytica*; and in like manner there is frequently obliquity of the tongue and uvula.

The comparison of the psychical manifestations also furnishes data for distinguishing the two diseases. Besides their late appearance in apoplexies, which are followed by cerebral atrophy, it is worthy of notice that the intellectual capacity gradually declines; there is a primarily supervening dementia in opposition to what occurs in *D. paralytica*, where this is for the most part secondary. The maniacal attacks and grand delusions, which are so frequent in *D. paralytica*, are not present here; and where they do appear the idea that

the insanity is the result of apoplexy is excluded. There can be confusion between the two only in those rare cases in which *D. paralytica* commences with a primarily supervening dementia. But the dementia arising from atrophy of the brain after apoplexy comes on some time after the motor symptoms; it then progresses more rapidly than in general paralysis, and it wants the characteristic variety of the symptoms. Apoplectic dementia might be graphically described as a sudden fall from a height; while *D. paralytica* declines in a gentle curve. It is also a peculiarity of apoplectic dementia that the memory fails from the first, and frequently in a circumscribed manner, the power of recalling the special names of places and persons being lost. The disorder of consciousness is also not so marked as in general paralysis.

The duration of the malady is, when not cut short by a fatal apoplectic seizure, longer than the average duration of general paralysis, generally lasting several years.

*Tumours of the brain* also give rise to a group of symptoms which may be confounded with *D. paralytica*; and in fact such mistakes have been made. (Aubanel and Sauze: *Cancer du Cervelet, ayant simulé une paralysie générale*, etc. *Gaz. des Hôpitaux*, 1857. No. 123.)

This difficulty is in general not to be apprehended, as we have here to do more with a localised disease, with well-defined paralytic symptoms, rarer affection of the speech than in general paralysis, with dissimilar course, and differently implicating the psychical sphere. Still there are many things common to the two diseases; tumours of the cerebrum, and particularly of the hemispheres, sometimes present a resemblance to *D. paralytica*. We will here confine ourselves to the consideration of certain symptoms which careful statistics (Friedreich, Lebert, Ladame, etc.) have established as characteristic of the symptomatology of tumours of the brain.

The first symptoms are generally much more latent and indefinite than in *D. paralytica*. The mental symptoms are almost without exception absent, and we find those connected with sensibility most prominent. Headache, which is a rare and unimportant symptom in *D. paralytica*, appears here as a cardinal symptom. There is also vertigo, frequently vomiting, and not rarely loss of sight. These symptoms are developed successively, and increase with frequent remissions in the course of months or even years.

The age of the patient is of no value in the differential diagnosis of these diseases.

The observation of disorders of the senses, especially with tumours at the base of the brain, is of more value.

Amaurosis is frequently developed, and the ophthalmoscope reveals a considerable excavation of the pupil with atrophy of the retina. There is not uncommonly a progressive loss of hearing, and in some



cases also of the sense of smell. These symptoms are absent in *D. paralytica*, where the base is left intact, or they are only found as complications depending on peripheral disease of the organs of sense. Double vision is not unfrequently produced by tumours of the brain through paralysis of the third, fourth, and sixth pairs of nerves.

Disorders of sensibility are more frequent and more pronounced than in general paralysis. Headache often continues to a very distressing extent for long periods. Cutaneous anæsthesia is not uncommon; and, what is peculiarly characteristic, it is unilateral, and is generally accompanied by unilateral motor lesion (paralysis). It also is of longer duration than the temporary anæsthesia which may be observed in *D. paralytica*. Sometimes also anæsthesia dolorosa has been observed.

The motor lesions are important in regard to their character, extent, the period of their appearance and course, and are often quite distinctive for the purposes of diagnosis. They are especially not ataxic, but paralytic; though with tumours of the cerebellum there is sometimes a disturbance of co-ordination in the muscles that preserve the equipoise of the body, but never in those of the extremities. They never commence in a general form, being always circumscribed and exhibiting generally the hemiplegic and never the paraplegic form. They are developed slowly but progress steadily and with slight remission; there is generally very little variation in their course, and they only become general in the terminal period of the disease. The gait of those suffering from cerebral tumour is therefore different from the paralytic; the former merely trails the foot behind, the latter walks unsteadily, carelessly, with wide steps, and awkwardly.

The paralyses of the nerves arising at the base of the brain, particularly the facial, oculomotorius, trochlearis, and abducens, which accompany tumours at the base, are also important symptoms. They exhibit the well-known paralysis in the muscular groups which they supply, histrionic paralysis, ptosis, and squinting, with double vision; and they are further distinguished by their occurrence on the opposite side of the body from the paralyses of the muscles of the extremities; and they also show their peripheral character by the diminution of the electro-muscular contractility in the groups of muscles, and can therefore have their cause only at the basis of the skull. The consecutive symptoms of the paralysis not unfrequently correspond with the anatomical position of the nerves at the base, as they become involved in the tumour during its extension.

Lesions of speech are certainly much rarer than in *D. paralytica*. They do not appear at the commencement, are essentially paralyses, and not lesions of co-ordination, and are not subject to the variations in intensity, as in that disease.

It is more difficult to define the difference in the mental symptoms

which are exhibited by the two maladies, particularly in those cases of *D. paralytica* which are marked by a primary progressive dementia. The psychical lesions, which almost without exception follow the motor, are developed after months, and do not show such close connection with the motor lesions as in general paralysis. The affection of the mind begins, except in rare instances, with symptoms of a slowly advancing decay of the intellectual capacity; and Krafft-Ebing has only found one case, which is detailed by Lallemand, in which grand delusions appeared. The occurrence of this condition, as well as of well-defined forms of acute mania, suggests decidedly *D. paralytica*, and makes it in the highest degree improbable that we have to do with a cerebral tumour. The course of the mental lesion here is almost without exception one of progressive stupidity, advancing to complete dementia, with great incoherence, and tendency to somnolence; the features present the expression of stupid astonishment, and the memory becomes extinct. Intercurrent epileptic attacks, when they occur, exercise a greater influence on the progress of the dementia than in *D. paralytica*; but they imperil the mental existence less; indeed it sometimes returns temporarily after such attacks to its former condition. The increasing mental degradation is never interrupted, except temporarily, by meningeal irritation, or disorders of the circulation excited by the tumour giving rise to symptoms of irritation, excitement, restlessness, hallucinations, purposeless impulses, &c.; and it never assumes for any considerable period any of the well-defined forms of insanity.

*Partial Sclerosis of the Brain*, an affection which has only recently received attention, presents sufficient resemblance to some forms of general paralysis to deserve notice. Unfortunately, a sufficient number of cases of this peculiar condition have not been reported to enable us to determine its exact symptomatology, or to make a definite comparison with *D. paralytica*; and it must suffice to direct attention to the possibility of confounding the two diseases.

From the cases which have been published by Frierichs, Valentin, Cruveilhier, Duplay, Hirsch, and others, it appears to be chiefly a disease of youth, of slow progress—lasting even ten years, and latent in its origin. The motor symptoms appear early, beginning in the lower extremities with incomplete paralysis, which progresses upwards, and only at a late period affects the muscles of speech; these, however, become afterwards completely paralysed. Convulsions are rare, generally partial, occur chiefly at the commencement of the disease, and frequently there is occasional noticeable tremor. Excentric pains are not infrequent. Mental symptoms generally appear late, and consist of increasing weakness of intellect, apathetic, childish behaviour, and causeless variability of temper. The differential diagnosis from *D. paralytica* is to be found in the slow

progress, the youth of the patient, the want of lesions of co-ordination, the originally partial and only gradually extending paralysis, the late implication of the muscles of speech, and the late appearance of mental derangement.

*Encephalitis chronica* is the next affection which has to be considered. An attempt to demonstrate the differences between the local chronic softenings and inflammatory conditions of the brain, and general paralysis, presents, in regard to many cases, almost insurmountable difficulties. The form of the cerebral softening is infinitely variable according to the seat and the kind of the local disease, and the course of the malady in some cases presents great variation. When the softening occurs idiopathically it is generally developed in a previously diseased brain; and, on the other hand, the motor lesions, which else would facilitate the diagnosis, exhibit a variegated mixture of symptoms of motor disorder with fluctuating course, which is very similar to what is seen in *D. paralytica*. Accordingly the differential diagnosis which the author attempts is expected to be received with great reservation.

The motor lesions here also supply the most important points of difference. They indicate as a rule local disease, and, though, in comparison with tumours of the brain they are more extended, they are never of general extent, and they are principally of a hemiplegic character. Although they are frequently variable in their intensity, and exhibit marked remissions, they are more consistent than in *D. paralytica*. Lesions of co-ordination are rare and only temporary symptoms; and the motor affections are, as a rule, true paralyses. The frequent occurrence of contraction in *encephalitis chronica* is also of peculiar diagnostic importance. Lesions of speech usually appear early, and advance more suddenly than in *D. paralytica*; and they are chiefly due to paralysis of the muscles of speech, and not to derangement of co-ordination.

The disorders of sensibility are also worthy of notice. Persistent and intense headache is often present. *Anæsthesiæ* and *hyperæsthesiæ* are not infrequent; they are more lasting and frequent, and more pronounced than in general paralysis. *Excentric* pains are very significant, especially when, as is generally the case, they are unilateral, and accompanied by contractions.

*Amaurosis* often supervenes; inequality of the pupils is only observed temporarily after apoplectic attacks, and is never constant, as in *D. paralytica*.

Mental disturbances, when they occur, consist of progressive decay of the mental capacity, and never amount to grand delusions or maniacal paroxysms; though Durand-Fardel reports some cases in which delusions of being persecuted, with intercurrent hallucinations, appeared. As a rule there are increasing weakness of memory,

childish, fretful temper, forgetfulness of the names of objects and persons; in some cases quiet delirium, and involuntary repetitions of meaningless sentences.

The course is more rapid than in *D. paralytica*, being on the average a few months, and only more protracted in exceptional cases. Among 105 cases of Andral's there were one of a year's and two of three years' duration.

The last pathological condition which is discussed by the author is that form of *dementia with paralysis following a primary psychosis, and produced by the extension of the cerebral affection, which was the basis of the latter, or by an additional cerebral lesion*. Those cases may in the first place be comprehended under this head, in which a local lesion is superadded as a terminal condition to all previously existing and advanced psychoses (apoplexy, encephalitis chronica, pachymeningitis interna, sclerosis, atrophy, &c.), and exhibits symptoms of increasing mental and motor incapacity. Such are the by no means rare cases in which mental derangements in aged persons, instead of passing on to resolution, pass, by the supervention of senile atrophy of the brain, with consecutive hydrocephalus e vacuo externus and internus, intermeningeal and cerebral hæmorrhages, into the condition of senile dementia with paralysis. For inaccurate observation may easily make it appear that the psychosis was the commencement of *D. paralytica*, and that the symptoms of motor lesion had been previously latent, or had not existed; or, what is still more unlikely, that *D. paralytica* had supervened as an independent psychosis complicating the course of the first; this latter view would have at one time been supported by Esquirol, Delaye, Calmeil, and Georget. We do not require to discuss whether the occurrence of *D. paralytica* as a complication is possible, but in the cases in which there has been an opportunity of exact and trustworthy observation, it has appeared that either the psychical disorder was accompanied from the commencement by motor symptoms which, from not being paid proper attention to, or on account of their trivial character, had been overlooked; or that there had been a confusion of *D. paralytica*, with local apoplexies, cerebral softening, tumor cerebri, &c., and their accompanying dementia and paralysis.

The diagnostic marks for the distinguishing the motor lesions in general paralysis from those produced by circumscribed pathological changes have been already given. But it is more difficult, though not unimportant in these cases of secondary dementia with paralysis, to ascertain whether the preceding conditions of melancholia, mania, grand delusions, &c., are distinct from those which occur in *D. paralytica*. The solution of this question is so much the more important, as the symptoms of ataxy, even trembling of the tongue

and slight disturbance of speech occur in anæmic, exhausted, mentally deranged patients, particularly among females, who never become general paralytics, and may therefore easily be the subjects of false prognosis. Without undervaluing the motor symptoms in commencing *D. paralytica*, it is well to be cautious in giving an opinion in the cases of those patients suffering from anæmia, in which that condition affects the nervous centres. It is therefore of great value to be well acquainted with the psychical symptoms which may distinguish general paralysis from an ordinary psychosis. We here approach a subject which is still much debated; and we are by no means in a position to furnish positive pathognomonic signs, which are exhibited only by *D. paralytica*. Here again we have to rest our diagnosis on the general features and course of the disorder. Neither the melancholia described by Baillarger, nor the grand delusions which were till recently considered characteristic of this disease, are infallible proofs of its existence. Fortunately the alienist is seldom obliged to make a diagnosis purely from the psychical lesions, as the motor lesions, as a rule, soon manifest themselves; and the disorders of the circulation, congestive symptoms, especially of the neuro-paralytic form, unilateral or general hyperæmia, present themselves in most cases. The variations in temperature of those who are suspected of general paralysis also appear to be worthy of attention. According to the admirable researches of Ludwig Meyer this affection is by no means non-febrile, and its conditions of maniacal excitement are generally associated with considerable elevation of temperature, which he refers to exacerbations of chronic meningitis. This pathological theory which Meyer advances is controverted by Krafft-Ebing, who mentions a case in which he observed these elevations of temperature, and in which there was no trace of meningitis to be found on post-mortem examination. The ordinary maniacal paroxysms which occur in simple periodic mania exhibit no such elevation, but rather a lowering of the temperature. In delirium acutum, and also in the maniacal stages of acute meningitis, and of zymotic diseases, there is an elevation.

The author gives the following as the chief diagnostic marks of general paralysis, in which he agrees generally with those which have been laid down by Falret. They are chiefly, the great variations in the symptoms, the frequent and apparently arbitrary transformation of one form of mental affection into another, which gives the disease a proteiform character; there are, besides, the frequent and often unexpected remissions, and indeed even apparent intermissions in the course of the malady, the capricious occurrence and frequent relapses of maniacal excitements, even when dementia is far advanced, and the rapid terminations of the paroxysms. The great derangement of consciousness is still more important. Time

and place, past, present, and future, have no existence for such patients; they are the children of the moment, and the greatest dreamers. There are further to be noticed the early occurrence and impetuous course of mental debility. It shows itself in all departments of the mental life, deficient power of apperception, imperfectly associated ideas, serious impairment of memory, slowness in, or complete incapacity for, any kind of reasoning or abstract thought. The manner in which the will is affected is also remarkable—the patients are easily stimulated to apparently strong resolutions, from which they are as easily diverted by the most deceptive and untenable reasonings. No other patients are so easy to lead or to deceive as the general paralytics.

Though grand delusions are found in patients not suffering from general paralysis, still they are rightly considered as important aids in our diagnosis; and indeed there are peculiarities in such delusions among general paralytics which are of great importance, and which have been well described by Falret. In the magnificent delusion of the general paralytic, there is a want of sense, or rational connection of ideas; it includes the most opposite, and logically incompatible ideas as facts. In those deranged in this manner, we look in vain for the individuality; the paralytic has no *ego*. Generally there is no unity in consciousness, such as ordinary delusional insanity (the *Wahnsinn* of Griesinger) presents; there is no attempt to reconcile the apparent facts of the present with those of the past, as he does not feel their incompatibility. There is a failure of mental as well as of motor co-ordination, a sign of the general mental weakness, which gives a unity to the form of the malady. The delusions are enormous and extravagant, and have no relation to the former *ego*; they are quite foreign in character, and changeable every moment. The law of variableness of symptoms, shows itself here also, as in everything connected with *D. paralytica*. The exalted ideas give place suddenly to depressed ones; those who have been filled with the grandest and most extravagant delusions suddenly believe themselves divested of everything and think themselves dying in most abject misery. These changes in the moods, and the delusions associated with them, have a peculiarly desultory character, which is never found in simple delusional insanity.

In these cases also where *D. paralytica* exhibits symptoms of dementia from the commencement, there are distinguishing marks by which they can be separated from ordinary dementia. Frequently they manifest slight grandiose, though faint and fragmentary delusions; and the self-consciousness is almost always lively and gaily coloured, and not impassive or even depressed as in ordinary dementia. These are almost always hallucinations, and ideas of time and place are more disturbed than in other similar conditions; maniacal exacerbations occur, which are generally accompanied by elevation

of temperature and recede rapidly. In these cases also there is not that peculiar forgetfulness of certain words, which is so remarkable after apoplexy; and the memory of early occurrences is the first to be affected, that of recent events remaining comparatively long intact.

*Further researches concerning Hereditary Influence in Insanity.*—In this paper Dr. Jung reproduces the details of the article which appeared in the April number of this Journal for 1866, by Dr. Grainger Stewart, and he shows how strongly the conclusions of the British physicians corroborate those arrived at in Dr. Jung's previous paper, which was noticed in our last quarterly report. He also discusses at some length the important bearing which hereditary influence exerts, both in the character and curability of the derangement.

*Mental Freedom: a principle in forensic Psychology.*—Dr. Wiebecke, the medical superintendent of the asylum at Kaiserswerth, discusses the views which have been maintained respecting human responsibility. He reviews at some length, the views of the philosophers Jacobi, Spinoza, Kant, and Schopenhauer, and arrives at the conclusion, that the assertion of the transcendental freedom of the will is theoretically false, and is quite insufficient as a foundation for responsibility. He agrees rather with the views of the materialist Schopenhauer; though he maintains that this belief does not interfere with our ideas either of religion or morality.

*Adhesion of the Pia Mater to the cortical substance of the Brain.*—Dr. L. Besser, of Siegburg, attributes this condition to four causes. 1. Dryness of the tissue, which may sometimes result from post-mortem changes. 2. From loss of blood after exudative processes. 3. From softness or looseness of the cortical substance itself, or, as Guislain said, "a want of cohesion." 4. From proliferation of the neuroglia and of such part of the adventitious coat of the vessels as has its matrix in the neuroglia. This last cause is what the author dwells most upon, and has illustrated by microscopical investigation and demonstration.

*Pneumonia and Mental Derangement.*—Dr. Wille reports seven cases of associated pneumonia and insanity, all of which he has met with during two years and a half. In four of the cases the mental derangement appeared with the development of the pneumonia; in two cases it appeared during its resolution, and in one during convalescence. In four cases there was hereditary or family tendency, and one was a drunkard. Four of the seven died when the pulmonary disease was at its height; in two, complete recovery took

place, as regards the mental condition; while recovery from both physical and mental lesions occurred only in one. In the four fatal cases, cerebral hyperæmia was found in two, anæmia with signs of previously existing hyperæmia in one, and periencephalitis acuta in the fourth. In one of the other cases there was cardiac disease with disturbance of the cerebral circulation; in another there was probably anæmia, and in the last, the condition was probably hyperæmia. The form of the mental disorder exhibited, did not appear to possess any peculiarity. In three of the cases in which the mental and physical symptoms arose together, the disorder took the form of acute mania; in the other case there was melancholia with great excitement; in the three cases in which the derangement occurred during convalescence, the form of the insanity was melancholia in two cases, and delirium of a maniacal character in the other. In the two melancholic cases there was probably anæmia of the brain. The author believes that there is no special character to be discovered in the mental symptoms of these cases, so that the results of the inquiry is only negative. As an aid to diagnosis and treatment, he recommends observation where practicable, by means of a thermometer, as peculiarly useful in asylum practice.

*The History and Literature of Dementia paralytica.*—This is a supplement to the paper by v. Kraft-Ebing, of which we have already given a pretty complete account. It is unnecessary here to refer particularly to this article, as it consists merely of a short literary history of the disease. It is followed by a list of 190 books, pamphlets, and periodicals, in which contributions have been made to our knowledge of the disease, the first which is quoted being “Willis de animâ brutorum,” Amstelodami, 1672.

We have thus completed in these two Reports (April and July) an analysis of the contents of the chief German publication on Mental Disease, the *Zeitschrift für Psychiatrie* for 1865 and '66. Our readers will observe the varied research and ability displayed in many of these papers. We much regret that our limited space compels us on the present occasion to defer a critical notice of the other two German journals on this subject, the *Correspondenz Blatt der deutschen Gesellschaft für Psychiatrie* with the *Archiv für Psychiatrie* and the *Irren Freund*. We shall hope on a future occasion to remedy this omission.



#### PART IV.—NOTES AND NEWS.

##### *Presentation of Dr. Conolly's Bust to the Royal College of Physicians.*

At the April meeting of the Royal College of Physicians, Dr. Tuke attended, with Baron Mundy, M.D., and Dr. Maudsley, to formally present the bust of the late Dr. Conolly to the College in the name of the Medico-Psychological Association.

Mr. President and Fellows, said *Dr. Tuke*, it is my privilege with your kind permission to appear before you to-day, with Baron Mundy and Dr. Maudsley, as representatives of the Medico-Psychological Association, a society well-known to you, as including many Fellows and Members of your learned body, and which is especially proud of bearing on its list of honorary members, the beloved and respected name of Sir Thomas Watson.

At the last Meeting of our Association held in Edinburgh, the Bust of the late Dr. Conolly, of whom I will only say that he was while living the most esteemed of our members, was presented to us by our friend and associate, Baron Mundy. It was at this meeting proposed by me and seconded by Dr. Maudsley, who is, like myself, a son-in-law of Dr. Conolly, that this bust now, sir, at your right hand, should be offered for the acceptance of the President and Fellows of this College. This resolution was unanimously adopted, and I attend here in the unavoidable absence of our President, Mr. Commissioner Browne, whose official duties detain him in Scotland, to submit this resolution to the Comitia, and especially to introduce to you, sir, and to the Fellows present, the distinguished foreign physician, to whose great liberality and appreciation of the talent and philanthropy of Dr. Conolly we are indebted for this memorial of him, which we hope the President and Fellows of the College will honour the Medico-Psychological Association by accepting.

I may add, sir, that Baron Mundy is a talented physician, well known in his own country and in France, for his philanthropy and for the earnestness of his attempts to ameliorate the condition of the insane. During the last war, he gave his services to his country as a volunteer, and attained the rank which he now holds, of Staff-Surgeon Major in the Austrian Army.

*Baron Mundy* then said :—

Sir Thomas Watson and Gentlemen,—I was highly gratified at the acceptance of my humble present by my fellow associates, and likewise proud of the place proposed by the Medico-Psychological Association for it, subject to your kind assent. I feel myself greatly honoured in standing to-day before you as one of the delegates entrusted with the offer of this token. It is certainly neither here in this place, nor now, that I am permitted to eulogise a man who will live in the recollection of posterity. But allow me, before I retire, to allude on this occasion to a passage in your oration of last year, in which you, after the eloquent tribute paid to our lamented friend, censure, so justly and energetically, the system of torture practised before the time of Conolly even in your own country. You have been enjoying for almost a quarter of a century the work of the great man who is no more; and still your neighbours, close to your own shores, have yet, at the moment

I address you, two thousand unfortunate beings tied in strait-jackets; and the total number of insane on the continent confined in cells, fastened in beds, and strapped up in strait-jackets, amounts in 1867 to fifty thousand. It is for me, as a foreigner, a humiliation, and perhaps at the same time a proof of my professional courage, that I denounce these facts before so high an authority as yourself, and on so solemn an occasion as this of to-day. But my aim is only to impress on you the importance of your continuing to censure this barbarous practice; the more so, as your countrymen, induced by the man whose bust now stands before you, have proved that lunatics can be successfully treated otherwise; and thus you have conferred the greatest benefit on the unhappiest part of our fellow-creatures. "The monument which, after my death, I wish to be erected for me on the continent is the practice of non-restraint; and may this soon be a reality!" These words I frequently heard from the lips of a man to whom you so often listened with delight in this same room, and whose marble effigy we have now to beg you to accept and place here in perpetual remembrance of him.

*Sir Thomas Watson*, in reply, pronounced a touching and graceful eulogium upon the late Dr. Conolly in the following words:—

Baron Mundy and Dr. Tuke.—The Fellows of the College of Physicians, here in full Comitia assembled, authorise me, their President, to express to you, in their name and my own, our gratification and gratitude for the privilege which we owe to your concurrent liberality of possessing and of placing permanently within our walls the marble bust of one of our body, whose death we, like you, have but recently been deploring, and whose memory we, like you, desire to cherish and perpetuate—the late Dr. John Conolly. To you, Baron Mundy, we offer the tribute of our respect and admiration for your munificence in procuring so costly and graceful a memorial of your and our departed friend. And to you, Dr. Tuke, and to the Society represented by you—the Medico-Psychological Association, to whom the bust was in the first instance presented by Baron Mundy,—we have to tender our grateful acknowledgment for the honour you have done this College by resigning it into our keeping. And again, thanks are due from us to the Baron for his gracious and ready consent to that transference. Our sculptured treasures, gentlemen, are not numerous, but they are tolerably select. I do not scruple to say that the bust of Conolly is not unworthy of being associated here with those of Sydenham, of Mead, of Harvey, and, coming to men of his own time, of Matthew Baillie, of Halford, of William Babington. Like theirs, or some of theirs, his name will go down to a remote posterity, and be reckoned among those of the greatest and most noble benefactors to a very suffering portion of the human race that our profession and our country have ever produced.

### *Dr. Maudsley on the Physiology and Pathology of the Mind.\**

DR. MAUDSLEY has had the courage to undertake, and the skill to execute, what is, at least in English, an original enterprise. His book is a manual of mental science in all its parts, embracing all that is known in the existing state of physiology. There have indeed been more than one attempt to include something of physiological observation in the investigation of mental phenomena. Dr. Abercrombie, Professor Bain, and Mr. Herbert Spencer must have the credit which is due to those who have led the way in giving this

\* 'The Physiology and Pathology of the Mind.' By Henry Maudsley, M.D. London: Macmillan and Co., 1867.

direction to mental science. The revolution, for it is nothing less, which has taken place in this branch of knowledge was begun by the psychologists themselves. But it required a professional physiologist to grasp all the phenomena of the nervous system, its normal and abnormal conditions, in one view, and to treat them exclusively on the basis of observed facts. Many and valuable books have been written by English physicians on insanity, idiocy, and all the forms of mental aberration. But derangement had always been treated as a distinct subject, and therefore empirically. That the phenomena of sound and of unsound mind are not matters of distinct investigation, but inseparable parts of one and the same inquiry, seems a truism as soon as stated. But, strange to say, they had always been pursued separately, and been in the hands of two distinct classes of investigators. The logicians and metaphysicians occasionally borrowed a stray fact from the abundant cases compiled by the medical authorities; but the physician, on the other hand, had no theoretical clue to his observations beyond a smattering of dogmatic psychology learnt at college. To effect a reconciliation between the physiology and the pathology of mind, or rather to construct a basis for both in a common science, is the aim of Dr. Maudsley's book.

Such a book cannot, however, offer itself as complete or final. In the present state of nervous physiology, though enough has been ascertained to enable the main lines of mental science to be laid down, there is still much that is obscure and uncertain. We have not as yet any satisfactory knowledge of the functions of the different parts of the cerebral convolutions. The anatomists cannot even agree on any convolution as peculiar to man; all that they can surely say is, that his convolutions are more complex and less symmetrical than those of the monkey. Dr. Maudsley's caution is not the least of his merits; he will not advance beyond ascertained facts, however tempting the theory may seem. The attempts to assign language to the third frontal convolution of the left hemisphere of the brain he will not adopt, because the observations reported are unsatisfactory, and directly contradictory observations are overlooked.

For the old method of psychology, by the interrogation of consciousness, Dr. Maudsley entertains the same feeling as Bacon did for the physics of the Aristotelian schools. Metaphysics have indeed been long sinking into merited contempt. They are cultivated only by those who are engaged, not in action, wherein the true balance of life is maintained, but in dreaming in professorial chairs. An ambitious youth here and there goes through an attack of metaphysics, as a child goes through an attack of measles, and procures thereby an immunity from a similar disease for the rest of his life. And there are dabblers in metaphysics who remain youths for life. By the rest of mankind, whether men of the world or men of science, metaphysics are as little regarded as scholastic theology. Dr. Maudsley not only condemns metaphysics, but renounces that empirical psychology which attained so much renown in the last century, and was the foundation of so many reputations from Descartes to Sir William Hamilton. He regrets that Mr. J. S. Mill should have committed himself to the psychological method, and exhibited so much zeal on so desperately forlorn a hope. He wonders that one who has done so much to expound the system of Comte should on this one question take leave of it entirely, and follow and laud a method of research which is directly opposed to the method of positive science. Self-consciousness Dr. Maudsley sets aside as incompetent to supply the facts for building up a truly inductive psychology. Consciousness is not reliable even in that of which it does give information. Descartes laid it down as the fundamental proposition of philosophy, that whatever the mind could clearly and distinctly conceive was true. Yet, if there is one thing more clearly and distinctly

conceived than another, it is the madman's delusion. Further, the revelations of consciousness reach only to conscious states. But mind and consciousness are very far from coextensive. Even Leibnitz was aware of the existence of what he called "obscure perceptions," *i.e.* affections of the mind, which, betraying their reality in their effects, are themselves out of apprehension. Consciousness can give no account of the material conditions which underlie every mental manifestation, or of those conditions of body to which so large a portion of our mental changes are wholly or in part to be referred.

To give mental science its proper place among the positive sciences, it must be based, as they are, on the study of external nature. The external phenomena from which the laws of mind must be inductively drawn may be classed as—1. The physiology of the nervous system. 2. The facts of the degeneration of mind, as exhibited in the different forms of idiocy and insanity. 3. The course of development of mind as exhibited in the successive stages of the infant, the animal, and the barbarian. 4. The progress or regress of the human mind as exhibited in history. Our object should be to interest the mind in the realities which surround us, and to bring the mind into harmony with the laws of nature. The mind that is in intimate sympathy with the course of events is strong with the strength of nature, and is developed by its force. Power is acquired by the habit of submitting the understanding to things. Natural gifts sharpened by mere logical training are not enough without a large experience of life and men.

The very first thing necessary for the student of mental science is to form a just conception of what is meant by mind. The metaphysical conception of it as a peculiar entity, the laws of which can be known in a way peculiar to themselves, must be discarded. Upon this abstraction, an imaginary substance, the supposed source of power and self-sufficient cause of causes, have been built all the endless and contradictory systems of philosophy. On the other hand, the crude proposition of Cabanis, that the brain secretes thought as the liver secretes bile, is not a true expression of the facts. Mind may best be described as a natural force or energy manifested to us only through certain changes in matter. As there are different kinds of matter, so there are different modes of force in the universe. We rise from mere physical matter, in which physical laws hold sway, up to chemical matter and chemical forces, and from chemical matter again up to living matter; so we rise in the scale of life from the lowest kind of living matter up to the highest kind with which we are acquainted—namely, nerve tissue, with its corresponding nerve force. The highest development of force is necessarily the most dependent, as to its existence all the lower natural forces are indispensably requisite. All exaltation of force is a concentration of it. As one equivalent of chemical force corresponds to several equivalents of inferior force, and one equivalent of vital force to several equivalents of chemical force, so in the scale of tissues the higher kind represents a more complex constitution and a greater number of simultaneously acting forces than the kind of tissue below it in dignity. The highest energy in nature implicitly contains all the lower kinds of energy. The idea of organization is therefore necessary to the interpretation of every manifestation of life. The mind implies a plastic power ministering to a complex process of organization during which what is suited to development is assimilated, what is unsuitable is rejected. Looking at man as a small and subordinate part of a vast and harmonious whole, the history of mankind is the history of the latest organic development of nature. In the evolution of the human mind nature is undergoing its consummate development. The law of this development is the law of progressive specialization and increasing complexity.

As with the term "mind," so with that of "idea." It has been converted by the metaphysicians into an entity. A general term, summing up a great

number of varied phenomena, has been supposed to denote an object having uniform and constant properties. The so-called fundamental ideas or categories of the understanding, which make so large a figure in systems, have by no means a permanent value, quantitative or qualitative. They have no absolute truth as expressions of certain fundamental relations between man and nature. The formation of an idea is an organic evolution in the appropriate nervous centres, a development which is gradually completed in consequence of successive experiences of a like kind. The cells of the cerebral ganglia idealize the sensory perceptions; grasping that which is essential in them, and suppressing or rejecting the unessential, they mould them by their plastic faculty into the organic unity of an idea.

In treating the emotions, it would appear that little new light is to be gained from physiological observation. We are compelled to assume a delicate organization of the nervous structure on which emotion depends, though by reason of the imperfection of our means of investigation, we are not yet able to trace a process of such delicacy in those inmost recesses to which our senses have as yet not gained access. Meanwhile "Spinoza's admirable account of the passions, which has never yet been surpassed, and certainly will not easily be surpassed," may be adopted—a concession to the old psychology for which we were hardly prepared after the denunciations of it with which the author commenced. The general relation of emotions to ideas, which they equal in number and variety, and the building up of character by the association of emotions, pleasurable or painful, with given thoughts, is precisely the same as has been long given by the established psychology.

We come next to volition. Here we are again cautioned to dismiss from our minds the metaphysical conception of will as a fixed and undecomposable entity of uniform power. Under the category of voluntary acts are really included very various kinds of actions proceeding from different nervous centres. There is no such thing as an ideal will, unaffected by physical conditions, existing apart from particular concrete voluntary acts. What we call will is the final reaction after deliberation, and, like other modes of reaction of nerve element, is a resultant of molecular change in some one nervous centre. It is true that each act of will contains a conception of the end desired; this conception of the result, or design, constituting the essential character of the particular volition. But the design itself is a physical necessity, being a consequence of cerebral adaptation to the varieties of external impression. So far from the design manifest in a mental act evincing a power which transcends or anticipates experience, it is one which conforms entirely to experience. The more cultivated the mind and the more varied the experience, the better developed is the will, and the stronger its co-ordinating power over the thoughts, feelings, and actions. The will is no despot; it is ever most obedient where it has most power; it conquers by obeying. The history of a man is the revelation of his character. What he has done indicates what he has willed. What he has willed marks what he has thought and felt; and what he has thought and felt has been the result of his nature as the developed product of an original constitution *plus* a life experience. The will is the highest force in nature, the last consummate blossom of all her marvellous efforts. It represents the exquisitely adapted reaction of man to the best insight into the relations in which he moves. It is by the power of a well-fashioned will that a man reacts with intelligent success upon the external world, brings himself into complete harmony with his surroundings, assimilates and incorporates nature, and thus carries forward its organic evolution.

Neither in the chapter on volition, nor in that on memory, will any details be found which differ from what is usually delivered under those heads in the

standard treatises of mental philosophy. The merit of Dr. Maudsley's work does not lie in its parts, but in the grouping of the whole, and the reference of each department to a few proper principles—the substitution, in fact, of known physiological laws for the arbitrary dicta of so-called consciousness. This is true not only of the first part of the volume, which treats of the normal development of mind, but also of the second half, in which the subject is degeneration of mind. Indeed so much has been written on insanity that what is wanted here is arrangement rather than fresh observation, and the application of ascertained principles of biology. Facts and cases have been accumulated in enormous numbers, and have outgrown theory; or rather theories have not been wanting, but they have been hasty, partial, empirical. What has been had in view has naturally been treatment of patients. While curative treatment has been slowly advancing to perfection, theory has been left to take its chance.

In saying that curative treatment of the insane is carried to perfection, it will of course be understood that the system, and not the practice, is intended. The principles of treatment are well understood by the medical profession, but special difficulties exist in the way of bringing the knowledge thus possessed to bear on the patient in this class of disorders which do not exist in other branches of practice. These difficulties consist chiefly in the fact that the insane patient cannot be treated, like other patients, in his own home, but must, it is thought, be removed to an institution. Great indeed has been the improvement in the management of asylums in this country since Tuke directed attention to the barbarities of the old system. But these institutions, generally speaking, are still far from being all that could be wished, or what they might be made. Laws hastily passed under the influence of popular panic and newspaper philanthropy thwart the medical officer at every step. The country is covered with overgrown and overcrowded asylums, into which the whole lunatic population is densely packed, so as to defy classification. The timely treatment of the early stages of the disease is rendered impossible. Our lunacy legislation is but one of the many costly failures of Parliamentary Government. The preposterous attempt of a miscellaneous assemblage of 658 gentlemen to make regulations for anything and everything is here, as in so many other departments of the public service, a fruitful cause of confusion, and obstacle to improvement. Dr. Maudsley is an advocate for private treatment, where possible. On the same principle on which we have gone great lengths in abolishing restraint within asylums, he contends that we should go on to abolish the restraint of asylums in the many cases to which such treatment is applicable. He quotes the report of the Scottish Commissioners in Lunacy on the condition of the pauper insane in private dwellings in Scotland. A few years ago these poor creatures were in a wretched condition, either of neglect or ill-usage. Now all is changed. By the agency of official instruction and inspection, systematically exercised, all who have to do with them have been penetrated with more enlightened views. The condition of their charges now leaves little to be desired. The former evils sprang not so much out of deliberate cruelty, as out of want of knowledge on the part of those who had concern in them.

We have not space to follow, even in outline, Dr. Maudsley's arrangement of the pathology of mind. It is a most judicious summary of well-established principles, illustrated without being overloaded by cases. The essay on the Causes of Insanity (part ii, c. 1) has an interest far beyond professional circles or philosophical students. It is a moral study, containing practical truths of most serious import to all who live within the vortex of the social influences of modern civilization. A steady increase in the number of cases of insanity, an increase which for England and Wales alone is at the rate of one thousand

a year, is far more than proportionate to the general increase of population, and is not sufficiently accounted for by the fact that more people are now declared mad than used to be so formerly. Dr. Maudsley proceeds, in pages (200-258) marked by cautious statement and the stamp of a wide experience, to trace the causes of this increase to the varied excitements of English life. We should like to see the whole of the chapter "On the Causes of Insanity" reprinted by itself in a cheap form for wider circulation.—*The Saturday Review*, May 25th.

### *Was Luther Mad?*

IN the recent trial,\* in which the validity of the will of Mrs. Thwaites was disputed, because of the extreme religious delusions which she was proved to have had for many years, Mr. Serjeant Ballantine elicited from Dr. Williams

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\* *Religious Hallucinations*.—Whatever be the issue of the singular will case which has been occupying the attention of the Court of Probate for so many days, it may possibly contribute some little towards the settlement of the unsatisfactory state of English law as to the condition of mind which constitutes what is termed "testamentary incapacity." The arguments against the validity of Mrs. Thwaites's will raise, in fact, one of the most difficult psychological and social problems that can be imagined. Did the religious hallucinations under which she laboured constitute real legal insanity? And if she was really insane, is there any truth in the theory of one of the doctors who were examined, who held that a person may be mad on religious subjects, and yet perfectly sane upon all others? There is also a still further question involved. Ought all insanity, as such, necessarily to incapacitate a person from disposing of his property by will? And then there is the practical question, what constitutes a religious hallucination so entirely a delusion that it may be held to be the product of a disordered mind, and yet at the same time be compatible with practical sanity on all secular matters? Or, to state the difficulty from another point of view, is it possible to be mad on religious topics without suffering from disease of the brain, either organic or functional? To answer these questions, even in the most hesitating way, would be, of course, impossible in the space of a paragraph. But it may be useful to suggest one or two of the difficulties which surround the subject, from whichever point of it is approached. Insanity, says modern pathology, is a disease of the brain; but in many cases how do we know that the brain really is diseased, except from the occurrence of certain mental phenomena, which may, after all, be the result of mere defective processes of reasoning, having no connection whatever with physical disease? In such cases we are driven to argue in a circle. Such and such a man is not responsible for his actions, and is incapable of making a legal will, because his brain is disordered. But how do we know his brain is disordered? Because his acts are inconsistent with the laws of reasoning. But is everybody who cannot reason to be held legally insane? No; only when the brain is diseased. But how do we know this in the one case before us? and so on, round and round without end. The truth is that, especially in religious subjects, we have often no recognised tests as to what constitutes insanity. For instance, supposing that a will was found to contain a clause for providing a proper personal reception in the way of house, attendants, and ceremonial for the Founder of Christianity on his appearing in London on such and such a date, would any jury hesitate to hold this provision a conclusive proof of the testator's madness? Yet how would this provision differ from the practice of the Irvingite body, who at one time made preparations in their churches for the possible appearance of Jesus Christ among them? They may do it still, for all we know. They certainly practised the "speaking in unknown tongues," under the belief of being personal instruments of the Holy Ghost, until very recently.—*Pall Mall Gazette*.

of Bethlem Hospital, in cross-examination, a confession of opinion that Luther was mad, or, at any rate, not altogether sane. Dr. Wood is stated in the newspaper reports to have given similar evidence. Whatever we may think of their opinion, we must admire the rare candour of these physicians; for the admission was anything but calculated to serve the cause in the defence of which they were called.

But was Luther mad? The spiritual temptations which he underwent he described as *buffetings of Satan*; with these he was frequently tormented; he called them conflicts between him and Satan. The terrors he experienced he called *the devil's traps*, from which he earnestly prayed God to deliver him. If this were madness, then every preacher who describes the evil impulses of the heart as the instigations of Satan is surely mad himself, and teaches madness to his hearers; and that, too, without the excuse which Luther had in the ignorance and superstitious credulity of the times in which he lived. The manner in which Luther himself speaks of his temptations is interesting, for it resembles the way in which he speaks of insanity. "I think," he says, "that all fools, and such as have not the use of reason, are vexed or led aside by Satan; not that they are therefore condemned, but because Satan doth diversely tempt men, some grievously, some easily; some a longer, some a shorter time. And whereas physicians attribute much to natural means sometimes, this cometh to pass because they know not how great the power and the strength of the devils are." This, though it lack form a little, according to modern scientific ideas of insanity, is "not like madness."

But let us go on to hear how he speaks of his conversations with the devil, whose persecutions cost him many a bitter night—*multas noctes mihi satis amarulentas et acerbas reddere ille novit*. "The devil," he says, "knows how to invent, and to urge his arguments with great force. He also speaks in a deep and loud-tone voice. Nor are these disputes carried on in a long course of various argumentation; but the question is put, and the answer given, in a moment. I am sensible, and have sufficiently experienced, how it sometimes happens that persons are found dead in their beds in a morning. He is not only able to kill or strangle the body, but knows how to urge and close in the soul with his disputations, that it is obliged to quit the body in an instant—a state into which he had nearly reduced me more than once. For no mortal can endure and withstand them, without the peculiar assistance and power of God."

With this compare what Whitfield says in his journal, about whom a report was once raised that he was mad, and who says of himself that "he might very well be taken to be really mad, and that his relations counted his life madness." "One morning, rising from my bed, I felt an unusual impression and weight upon my chest. In a short time, the load gradually increased and almost weighed me down, and fully convinced me that Satan had as real possession of my body as once of Job's. . . . I fancied myself like a man locked up in iron armour; I felt great heavings in my body; prayed under the weight till the sweat came. How many nights did I lie groaning under the weight, bidding Satan depart from me in the name of Jesus."

If these earnest men were mad, then how far gone in madness must the psalmist have been when he cried out, "Many oxen are come about me; fat bulls of Basan close me in on every side." Hallucinations these, surely, of an extreme kind. Which of the great prophetic writers of the Bible will escape the suspicion of insanity, if a vehement sincerity of nature, an exalted imagination, and burning words of passionate earnestness taking a figurative expression, are to be deemed indications of mental unsoundness?

It cannot be questioned that Luther was of a vehement nature, intensely earnest, ardently imaginative, obstinate even to rashness, as a man fighting the battle which he fought had need to be. By an incessant application to



study, and by a sedentary life, he had greatly injured his health, so that he actually heard the noise "which the devil made to torment him;" and on one occasion he was certainly cured by exercise and medicines sent him by Spalatinus. Notwithstanding these things we are of opinion that any one who engages to prove him insane, wrongly measuring the style and habit of thought of one age by those of another age, will have to make use of arguments which, if they were worthy anything, would prove most of the great and earnest reformers whom the world has seen to have been insane also. Was not Socrates mad, in whose ears a demon constantly whispered what he should do? Numa could not have been of sound mind, inasmuch as a certain nymph, whom he called Egeria, appeared to him in a cavern. Would not such an acknowledgment be a decisive "fact" in any medical certificate? Was Mahomet sane, to whom an angel called Gabriel paid regular visits? We say nothing of George Fox; or of Ignatius Loyola, that "errant, shatter-brained, visionary fanatic." Of Oliver Cromwell's grievous madness some minds will entertain no doubt. Did not a spectre appear to him in the open day; and a strange woman open the curtains of his bed at night, to predict to him that he should be King of England? Moreover, he was subject to uncontrollable fits of laughter on serious occasions. "One that was at the battle of Dunbar," says Aubrey, "told me that Oliver was carried on by a divine impulse. He did laugh so excessively, as if he had been drunk. The same fit of laughter seized him just before the battle of Naseby." But we must make an end of instances, which might be multiplied indefinitely.

It may be well to conclude by suggesting for consideration this question, not whether some touch of madness may not be detected in every great genius, but whether, under the system of indiscriminate sequestration of the insane at present in fashion, some great genius, having a slight touch of madness, is not unnecessarily ending his days in an asylum. Can any one, after reading the autobiography of Benvenuto Cellini, doubt that, if that great artist had lived now, instead of three hundred years ago, he would have lived and died in a lunatic asylum, and that thus the world would have been defrauded of the best fruits of his genius?—*British Medical Journal*, May 18.

### *Recent Contributions to Mental Philosophy.\**

(See 'Journal of Mental Science,' October, 1866.)

THE Nature of Things is a great subject, and one that solicits our attention in many forms.

It has happened to many of our readers to look into a shop, attracted by some article in the window, with the desire of buying one or two for trial, and to be met with the answer, Sir! we do not sell less than a dozen. It may be supposed that we have taken up this plan with respect to works in

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\* 1. 'Essays for the Times on Ecclesiastical and Social Subjects.' By J. H. Rigg, D.D. (Stock.)—2. 'Faith and Philosophy. Essays on some Tendencies of the Day.' By the Rev. J. Gregory Smith. (Longmans and Co.)—3. 'The Commandments considered as Instruments of National Reformation.' By F. D. Maurice. (Macmillan and Co.)—4. 'Benedicite; or, the Song of the Three Children.' By G. Chaplin Child, M.D. 2 vols. (Murray.)—5. 'The Rise and the Fall; or, the Origin of Modern Evil.' (Low and Co.)—6. 'Lectures on Greek Philosophy; and other Philosophical Remains of J. F. Ferrier.' 2 vols. (Blackwood and Sons.)—7. 'The Philosophy of the Conditioned: comprising some Remarks on Sir W. Hamilton's Philosophy, and on Mr. J. S. Mill's Examination

which psychology is predominant; and, after a sort, there is truth in the supposition. There is one important difference between us and our quarterly contemporaries: we deal more with books; they deal more with subjects. The treatises on branches of philosophy, or on the philosophy of branches, which pour from the press, cannot be dealt with subject by subject. Our contemporaries above mentioned, who may choose their books, and who may leave nine books out of ten unmentioned, may suit their own convenience, and need not fatigue their readers. But we are pledged to say something about every thoughtful production: and if we were to discuss every one, the nature of things would never be off our anvil. Works on this great subject pour from the press like novels, or rather as novels used to pour; for our fictions are now published piecemeal. It is not yet the fashion to administer deep psychology in weekly or monthly doses; but if the craving for philosophy should grow as it has grown, to such complexion—or complication—we may come at last. We now proceed to our authors.

1. Dr. Rigg's essays were—all but one—reviews. To join the words would have a twang of heresy: even *Essays* alone savours of the rational. So we have *Essays* for the *Times*; and the little reminiscences of old Tractarianism which linger about the second word neutralise the effect of the first word. Dr. Rigg is a Methodist, and his articles show that his sect is on the way to become very decidedly literary. The old spirit of Methodism is shown in an anecdote which we heard from a trustworthy source. A man of culture was talking to a Methodist preacher of the very ignorant class about his vocation. Have you never considered, said the scholar, that your religion was delivered in a foreign language, that the books are to be selected and authenticated, that the text, the translation, and the interpretation, are all matters of critical thought? &c. Lord! Sir, was the answer, what has all that do with salvation? To which the rejoinder should have been, Here is a question not answered in a moment, and one which eminently requires a clergy of moderate learning.

Dr. Rigg's papers on the Clergy, the Church, the predecessors of the Wesleys, Kingsley and Newman, Pusey's 'Eirenicon,' Manning and Pusey in their relations to schismatics, heterodox speculation, the Bible, pauperism, and education—are all readable, and something more. They are refreshing after the quantity of dogmatism which proceeds from quarters in which peculiar spiritual endowments are claimed under cover of peculiar temporal endowments. Not intending to review reviews, we turn to the matter of most interest which is new. It is a prefix of a few pages upon the character of Methodism. In answer to the wide-spread impression that Methodists are only just separated from the Establishment, and might be reunited without great difficulty, Dr. Rigg declares that there is not the remotest possibility of this absorption. He doubts if among all these hundreds of thousands there be a score of Methodists who would not smile at the proposal. He joins a distinguished colleague, the Rev. W. Arthur, who wrote ten years ago on the very point, in declaring that such a union would imply a sacrifice on the part of Methodism of its claim to be a Church, on the part of its

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of that Philosophy.' By H. L. Mansel, B.D. (Strahan.)—8. 'Inquisitio Philosophica; an Examination of the Principles of Kant and Hamilton.' By M. P. W. Bolton. (Chapman and Hall.)—9. 'The Reign of Law.' By the Duke of Argyll. (Strahan.)—10. 'The Elements of Deductive Logic.' By T. Fowler, M.A. (Clarendon Press.)—11. 'The Logic of Chance: an Essay on the Foundations and Province of the Theory of Probability, with Especial Reference to its Application to Moral and Social Science.' By John Venn, M.A. (Macmillan and Co.)—12. 'The Elements of Molecular Mechanics.' By Joseph Bayma, S.J. (Macmillan and Co.)

clergy of their character as ordained ministers of Christ, and on the part of its adherents of all that is distinctive in its organisation, and of its highest and most cherished principles—one of these being the position of sisterly fellowship and evangelical communion in which it now stands towards all other Protestants, whether at home or abroad, *the Established Church alone excepted*. This is clear: but Dr. Rigg does not make it clear that it has always been so. On the contrary, he seems to us to show that there was, while Wesley lived, only a “virtual” separation, which has gradually widened. We do not doubt that Tractarianism and Ritualism have been the instruments of bringing about that, in our day, “the repugnance of Wesleyan Methodists to join the Church of England is stronger than that of Dissenters.” And yet, even now, Dr. Rigg does not say *other* Dissenters.

2. Mr. Gregory Smith's essays have also been published at different times during the last ten years; they are on various subjects of the day, and are to reconcile the apparently, but not really, conflicting claims of faith and reason. By properly distinguishing exceptional and ordinary confession, ministerial and judicial absolution, spiritual and material presence, it is hoped that, in spite of scepticism and fanaticism, it may be shown that there is a deep and essential harmony between the English church and the English nation. So we are to have a real presence, a confession, an absolution,—but of the right sort. We strongly suspect that the English nation—the bulk of its conformists and nonconformists—would give much the same answer as the life-guardsmen gave to Cuddie Headrigg's request to know which covenant his mother was to renounce, “Any covenant! All covenants that ever were hatched.” The English mind does nothing but carp at Confession, Absolution, and Real Presence; and we see we have an acrostic. Leaving this, we turn to Mr. Gregory Smith, and we take a proposal of his—and some others too—on the burial service. He would have a form of “joyful confidence” for communicants, and one “less expressive of hope and joy” for those who are not communicants. Now, considering that the Pharisees, the self-righteous, the covetous, and the hypocrites, form at least a good minority of the communicants, he must be a bold man, who, aiming at truth, would venture our present service over *all* communicants, as a thing which is to be held in doubt from *all* who are non-communicants. The proposal is, for our English community, very like what the recently manufactured sinlessness of the Virgin is for the Romish Church, a thing born out of due season. No such absurdity will ever be tolerated; the present plan is preferable: better to send all to heaven, than to attempt selection.

3. Prof. Maurice assigns a deep force of meaning to the Ten Commandments, claiming for them a more than Jewish character, treating them as the great barriers against presbyterial and prelatical assumption, and declaring “if we do not receive them as commandments of the Lord God spoken to Israel, and spoken to every people under heaven now, we lose the greatest witnesses we possess for the national morality and the civil freedom which these assumptions are undermining.” He objects to the omission from the Church service of the reference to Egypt, assigning to all Christians an Egypt out of which they have been brought. He disputes the Judaical character of the reward for honour of parents, on the ground that all the law possessed by man is given by God. In matters of pure morality he is often strong and never weak; but we think that in his mode of extending the domain of Jewish law as Jewish, he is not so fortunate.

Mr. Maurice is always readable and readworthy; but we seldom look into a writing of his without finding something very peculiar. We note one passage, as showing what a pity it is that all students are not made to study some elements of logic, were it only to learn the technical terms, which play a part in almost all branches of knowledge:—

"What we mean by the divine attributes I never quite understood. But if we mean what the word would seem to convey, that we 'attribute' certain qualities to God, then I say, that not only the Hebrew form of expression does *not* answer very nearly to what we mean, but that it directly contradicts what we mean. The devout Hebrew believed that his nation was called out of all nations to bear witness against those who attribute their thoughts to God."

Mr. Maurice, a theologian, only knows the word *attribute* as a probable importation from common language into theology. It is an old technical term of logic, which in some systems—the famous Port-Royal, for example—is the word used for *predicate*. When we say, "God is omniscient," we, in technical phrase, pronounce omniscience an attribute of God: when we say "the rose is red," we pronounce redness an attribute of the rose. It has long been settled that we have not any knowledge of the *substance* of things; we only know attributes, or qualities. The theologians insist that we only know God by attributes; and often speak as if we knew more of other things. The consequence is that the old word has come to have, in common use, a special reference to the Deity. A recent logical writer says that he once heard a person, in mixed company, speak of the attributes of the vegetable world. Some were inclined to impute irreverence; and some half suspected that the speaker worshipped leeks and onions. "When we talk," says Mr. Maurice, "of God's attributes, we assume, however unconsciously, that our conceptions are the ground of his being." When we talk of the attributes of a rose, we surely do not assume that our conceptions are the grounds of *its* being. Mr. Maurice goes on to the following antithesis: "When we fear His Name, we confess that his being is the ground of our conceptions." We shall not attempt to ascertain how this is: we only remark that Mr. Maurice, like some of his predecessors, has ideas about the *Name* which seem to us somewhat mystical. Nevertheless, we think any devout mind would be pleased with this book.

4. Babylon, the probable centre of Adam's garden, now desolate, was the city in which Nebuchadnezzar tried to burn three young Jews: but his intended victims took no harm from the fire, in which they quietly sang the praise of God. There is a hymn, called the 'Song of the Three Children,' which tradition has given to those young Jews: it is part of the English prayer-book. But, as Dr. Child remarks, it is seldom sung, and is sometimes even omitted from editions of the Common Prayer: but he calls it one of the most suggestive and soul-stirring hymns in existence. To him no doubt, it was both; for it prompted him to write two volumes of comment. But perhaps it is held rather monotonous. It is, "O ye . . . bless ye the Lord: praise him and magnify him for ever;" the blank being filled up in thirty-two different ways, each way giving a verse. Thus, among other things, showers and dew, fire and heat, night and day, whales, fowls, and beasts, are instructed to bless God in this hymn of bidding praise. It is one poetical idea, very fit to be the subject of a hymn, rendered prosaic by undue repetition. Dr. Child treats the verses in the most prosaic way possible; he makes each one the heading of a chapter on physics. Thus, since night and day are to praise God, we are told that the earth revolves in 23h. 56m. 4s., giving rise to day and night: the perfect working of the machine being evident from Laplace's demonstration that the day cannot have varied a hundredth of a second from the earliest ages until now. But it ought to have been shown how this rotation contrives our day of twenty-four hours exactly. And it is unfortunate that the perfect invariability of the day should be brought forward in proof of perfection, at the very time when there appears to be more than suspicion that a slow alteration has actually been in progress.

5. It is really too bad to write three hundred pages upon the origin of evil. The author will have it that man was not created holy, but only stainless, and without moral sense; he acquired a moral sense by some act represented as eating forbidden fruit; he thus became—not sinful but—capable of sin; and of course—we know him—began to sin immediately. How eating fruit “forbidden” by a competent authority should awaken moral sense we cannot understand, any more than how it should be anything but wrong. We once knew a young gentleman who, by interest, was admitted a mason when much under age: he wrote down all they told him on a paper, which he lost. He was in a dreadful fright, thinking the Masons would put him to death; but a friend of the craft to whom he confided his fears laughed and said, “Nonsense! if any one should find the paper he would not believe it.” We are in much the same position with respect to the origin of evil: if the true solution were to be found, no one would know it.

6. The first volume of Mr. Ferrier’s remains consists of his lectures on Greek philosophy; the second is nearly all devoted to reprints of his articles in ‘Blackwood.’ His colleague, Prof. Veitch, says of him, “Metaphysic was his delight and his strength. The problem of Being, what it is; how to be analysed; how made intelligible; to get its principle and deduce its form.” He took, we are told, little interest in psychology or in logic; and had read but slightly in either. By the Powers!—we were going to say, but we check ourselves and substitute, By the weaknesses!—think of a man like Ferrier, who had a real head, setting to work upon Being, as Being: and this with little attention to the phenomena of mind or the laws of thought. To answer the question, What is IS? To settle how the possibility of such a question arises! Pure ontology is the cyclometry of psychology: we do not object to it; for in like manner as attempts to square the circle were very fruitful of better things in days gone by, so much good result is now produced from time to time by cracking the teeth upon the nut of pure being. Mr. Ferrier was a very able artist in this line; but, though he has left good exercises of severe thought, yet he makes it clear that he is in a state of hopeless belief in his own power to demonstrate existence, to account for it, and to deduce all things from it. But this chiefly in his work on metaphysics; in the volumes before us he comes down into our sphere, and is accessible to men of limited aspirations. A thoughtful reader is sure to be pleased and instructed.

7. Mr. Mansel begins by inverting Plato, who employs hypotheses, as steps, one upon another, and so *descends* (*καταβαίνει*) to the *unsupported* (*ἀνυποθέρων*). By using the word *unconditioned* and making Plato *ascend*, Mr. Mansel gives a turn which might have escaped notice, if he had not added the Greek word, and so made Plato seem to go up to the foundation. Mr. Mansel, over and above his task of remarking on Mr. John Mill, has to answer a little cloud of opponents. His name has become a word to signify the maintenance of the opinion that man can know nothing of God, and we have always held that he has been quite misunderstood, and unfairly treated. The crowd has confounded knowledge of God’s nature deduced from thought and phenomena with knowledge deduced from premises furnished by God himself: and has made Mr. Mansel deny both in denying the first. His answer is not difficult: he can call spirits from the vasty deep, and they do come when he doth call for them. Accordingly, he charges at the head of Chrysostom, Basil, Gregory Nazianzen, the Cyrils of Jerusalem and Alexandria, Augustine, Damascenus, Aquinas, Hooker, Usher, Leighton, Pearson, Beveridge, and Leslie—who all express opinions similar to his own—and drives his opponents from their position. Perhaps, since Mr. Mansel was arguing with theologians, one reference—say Job xi, 7—might have settled the matter: but the fathers have spells of wonderful potency. To give any further

account of the work would require us to open the whole question between Mill and Hamilton.

8. Mr. Bolton's work will repay those who have so much learning that they can run it over with ease, and those who have so little that they would be glad to pick up miscellaneous knowledge in little time. Moreover we must say that we read with pleasure; but the convolutions become very much involved before we come to the end. What does Kant say? What does Hamilton say Kant says? What does Mill say Hamilton says Kant says? What does the reviewer say Mill says Hamilton says Kant says? What does Mr. Bolton say the reviewer says Mill says Hamilton says Kant says? It is the house that Jack built; it is the gaping, wide-mouthed, waddling frog. This is too much the tendency of our time: it is the earth on the elephant which is on the tortoise, &c. This concatenation is very perplexing; beyond all question a full account of Mr. Bolton would require us to go from him to Kant through all the series. There is nothing like it anywhere else.

9. The personal reputation no less than the rank of the Duke of Argyll has drawn much attention to his work; and the perusal will increase the respect paid to both. The author is a true observer of nature in the field, in the museum, and in the book of description: he is also given to thought on creation and final cause. He is not very deep in mechanical science, as is proved by his reproduction of the old distinction of centripetal and centrifugal force in its old confusion. The work is on *law*; on the distinction of natural and supernatural, well illustrated; on law in different forms of action, material, mental, social; on contrivance and creation; plenty to agree with; plenty to differ from; nothing to be tired of. There is freedom of judgment in new matters, but not equal freedom in old ones. The Duke calls it mere idle play on words to explain thought by calling it *cerebration*, and to say that the laws of intellect are reduced to scientific expression when they are described as the working of the *cerebral ganglia*. Not a doubt about it: but there are various verbal transformations, sanctioned by usage,—to which he might equally object, but which nevertheless he employs without remark. From a person who thinks that he will *explain* thought, whether ganglionically or otherwise, and from a person who thinks he can *explain* the growth of a plant, we turn with equal despair of instruction. The *action* of the earth, air, and water producing leaves of one type on every branch, and seeds which are ready to repeat the process,—the *action* of the ganglia producing at last a full conviction that the middle term in a syllogism must not be ambiguous,—are things equally obscure. We derive as much explanation from either as from the description given of the engine on board the steamer by the scientific gentleman with the return ticket to Gravesend. "Sir! you see that thing which moves backwards and forwards; well, sir! that is the hydrostatic principle, which is worked by trigonometry!" The lady and gentleman to whom this view was addressed exclaimed, "How beautiful things are when they are explained!" The difference of our cases is this: relations of precedent and consequent, relations of analogy between phenomena, abound in botany: not one have we got in the ganglionic theory of thought. Let the promoters of this last speculation range animals in order of power on some one point, say inductive generalisation; let them show a chain of alterations in ganglionic phenomena, increasing in manifestation as we go up the chain of animals—and we shall then have one case resembling those of which scores are known in the physiology of plants. The time may come when this shall be done; but not a bit nearer shall we be to the *explanation* of thought.

10. Mr. Fowler's book is one of the Clarendon Press series. It is not overloaded, and the explanations are clear. Some approximation to modern views is made; but on the whole, the matter does not go much beyond

Aldrich. Technical terms are kept in due subordination to common language. Accordingly, though the work be intended for a University class-book, it will do perfectly well for a self-teaching student in the wide world; and, of all books equally good, it is the shortest.

11. Mr. Venn's work on the logic of chance is rather a misnomer; for, the meaning of the word once settled, he and his opponents agree in mode of deduction. There are two views of probability; the subjective, and the objective. In the subjective view, the word really means *brief*: and the questions which arise are such as this: If I have this degree of belief in event A, and that degree of belief in event B, what degree of belief ought I to feel that both will happen? In the objective view, the notion is derived from the *long run*, from the state of the cases: and the question is, if such a fraction of possible events contain A, and such another fraction contain B, what fraction will contain both A and B? Mr. Venn favours the second view, the *material* he calls it; in opposition to the first or *conceptualis* view. But we should be afraid, without reiterated examination and long description, to state his theory with attempt at precision: he is too long, and is not given to distinct summary; the nearest approach is in the 'Table of Contents.' For ourselves, we admit both views, each in its proper place, and in proper connection: and of course we do not agree with Mr. Venn in his contrasts and his oppositions. His book is one more attempt to put the subjective at war with the objective, and to make one destroy the other. No such attempt will succeed. Time and space will be both, in spite of Kant; chance will be both, in spite of Mr. Venn.

12. Dr. Bayma is a Jesuit employed at Stonyhurst. He has shown himself by previous publication, profoundly versed in the old philosophy: and he has given, in a paper on his subject in the Monthly Notices of the Royal Society, plenty of proof that he is a profound mathematician. He now gives a more extended view of his theory, which is nothing less than an attempt to deduce chemistry from molecular action, the shapes of the molecules having a great deal to do with the matter. We might be able to pronounce an opinion after a few months of study, or we might not: but beyond doubt we shall not attempt to judge as we are. The molecular theory is, most surely, destined to be a great branch of human knowledge; but it may be doubted whether the contemporaries of its Newton, when he shall appear, will know what manner of prophet has arisen.

And thus we end our list. We only aim at giving our readers an *aperçu*, as the French say, which may make one or another think that the book he wants is perhaps within his reach. In the meanwhile, the harvest is growing. —*The Athenæum*.

### *A Chancery Lunatic.*

THE admirers of Mr. Reade's novels are familiar with the opinion which he holds, that the law of lunacy is systematically made an instrument of oppression and wrong. Indeed, it would appear that this opinion is not held by Mr. Reade exclusively. There is, or was, in existence a Lunatic's Protection Society, which was got up by a gentleman who had been confined, as he considered, wrongfully in an asylum. Cases constantly occur in which it is alleged, not only by lunatics, but by some of their friends, that restraint is cruel and unnecessary. Evidence is usually forthcoming in such cases that the person so restrained is, in the opinion of the deponents, rational and inoffensive, and, in fact, a person whom it would be rather pleasant than otherwise to have for an inmate of one's house. Such evidence may, at the

time it is given, be difficult to explain or contradict, but it has happened before now that lunatics have become convinced of that lunacy which their friends have doubted, and have voluntarily returned to the very condition of restraint from which well-intended, but mistaken, efforts have delivered them.

The story of a protracted case of lunacy may almost always be told in two ways, and it may be interesting to take a case which lately came before the Court of Chancery, and look at it first from the popular and sentimental, and afterwards from the legal point of view. Assuming as much as we can of the mental attitude of the sensation novelist, we will begin by stating that Mr. James Tovey, now aged 38 years, was educated at Eton and Oxford, and afterwards at St. Bees' College, being destined for holy orders. In 1853 Mr. Tovey, being then 24 years of age, was residing for the vacation at Deal, where he formed an attachment to a young German lady. His father, Colonel Tovey, hearing of this affair, ordered him to London, and shortly afterwards placed him in a lunatic asylum in Epping Forest, where he remained upwards of three years. Whether he at that time showed lunacy only by falling in love with the young German lady, or by other and what signs, we are not informed. In 1856 he was removed to another asylum near Stafford, which is managed by Dr. Hewson, and he remained there about five years. Early in 1862 the trustees appointed by his father, who was now dead, acting under eminent advice, caused him to be removed to the private residence of a surgeon at Dover, where he enjoyed free exercise in the open air. After a year's trial of this mode of life it was considered expedient to relieve him from all restraint, and to allow him to reside with his sister, who, after occupying one or two temporary abodes, went to live in October, 1863, at Goring, in Oxfordshire. The life which he was permitted to lead at Goring seems to have agreed with him very well. He was almost constantly rowing on the Thames, which flows past the village, and he was very active in skating and swimming during the appropriate seasons. The inhabitants of Goring and the adjacent villages have testified that Mr. Tovey's conduct while he dwelt among them was quiet, harmless, and, according to their judgment, sane; and there seems to have been no reason why Mr. Tovey should not have been dwelling among them still, but, unhappily for this poor gentleman, his uncle died last year, and he succeeded to a large fortune, which caused the Court of Chancery to take an increased interest in the disposition of his person and estate. On the 24th of February, 1866, Mr. Tovey was taken to the asylum kept by Dr. Hewson, near Stafford, where he had been confined before. On the 4th of March following his uncle died, and he became entitled to what may be called, in a new sense, *damnosa hereditas* in the shape of an entailed estate amounting to about £2000 a year, and a sum of £60,000, which had been accumulating for the purchase of other estates. On the 4th of May a Commission of Lunacy was held at the asylum, by a Commissioner, without a jury, and without the presence of any lawyer on behalf of Mr. Tovey, and he was found a lunatic.

But the strangest part of this story is yet to come. On July 28th Dr. Hewson took a number of his patients, among whom was Mr. Tovey, to Scarborough, for the benefit of sea-air and bathing. He was allowed to wander at his will all day, giving a promise to return at night. During his wanderings he met a lady. First he looked, next he raised his hat, and then he spoke. The lady did not repulse this overture, and why should she? Many flirtations, producing some marriages, arise at Scarborough; and if there is to be no beginning, it must be impossible to reach the desirable end. We believe that the correct thing is for the gentleman who seeks the introduction to make acquaintance with the lady's brother or other male friend, which may be done while bathing, or by offering or asking a light for a cigar. But if the



lady has only female friends it would seem that her admirer must keep his admiration to himself, and see her complete her month's visit, and depart without having told his love, unless she should happen to drop her glove upon the esplanade, or meet with some other accident which may justify interposition on her behalf without the previous ceremony of introduction. It appears that in the case under consideration the lady had a brother; so, if Mr. Tovey had been patient, he might have attained his object with strict regard to conventionality. But Mr. Tovey was not patient. He spoke to the lady, and she did not refuse to listen. But we know that little sins lead to great sins, and accordingly this lady, who had been less regardful than she should have been of the conventional etiquette of Scarborough, did not hesitate, a few days afterwards, to commit a contempt of the Court of Chancery. If a young woman does not fear either Mrs. Grundy or the Lords Justices, she is not likely to regard anything that we may say, and therefore we will say nothing. But the beginning having been made, Mr. Tovey proceeded rapidly to the end. He explained fully his position, and stated frankly that he wanted somebody who would take an interest in him and see him righted. The lady did not find that he was mad, but, on the contrary, thought him a very nice young man. Her friends approved the step which she resolved to take, and accordingly, on August 27, a marriage ceremony was performed between her and Mr. Tovey at Claremont Chapel, Scarborough. The bride and bridegroom spent the day together, but Mr. Tovey yielded to the obligation to return to his appointed place with the fidelity of the Ghost in *Hamlet*. At 9 o'clock in the evening he rendered himself at Dr. Hewson's house, and next day he was taken back to the asylum in Staffordshire, so that he saw his bride no more. A secret correspondence was kept up between them for some weeks, but it was afterwards discovered and stopped. The lady's friends, acting on the authority which they allege themselves to have received from Mr. Tovey, have presented a petition to the Lord Chancellor asking that the finding of Mr. Tovey lunatic by commission may be superseded, or at the least that his condition may be ameliorated by removing him from the asylum and restoring him to that enjoyment of air and liberty which was allowed at Goring. They produce evidence of clergymen and other respectable persons among whom Mr. Tovey had dwelt upwards of two years to prove that he is not mad at all, or, at any rate, that his madness is neither dangerous nor disagreeable; and they urge against restraint the argument which has often been urged before, that to put a man into a madhouse is enough to make him mad.

All readers will probably agree that they have now had laid before them the outlines of a story excellently adapted for embellishment by an artist of Mr. Reade's school. Some readers are probably indignant at the treatment which Mr. Tovey has undergone, and expect to be informed that the Court of Chancery has ordered his release. But the Lords Justices, before whom the petition came last week, not only did not accede to it, but testified a strong inclination to do what may be figuratively described as wiping their boots in it. And it is proper to say that the Court had good legal reasons for what it did. The evidence of inhabitants of Goring as to Mr. Tovey's sanity was answered by the remark that there never was a disputed case in which such evidence was not forthcoming. Delusions may exist which may justify the imputation of insanity, and yet the alleged lunatic may mingle in social intercourse without betraying that he is possessed by them. The Court, when called upon to decide between such evidence and that adduced in support of a Commission, may either examine the lunatic itself or may appoint for that purpose a physician of eminent skill who is above suspicion of partiality. In Mr. Tovey's case the latter course had been adopted, and the Lords Justices stated that the physicians' report satisfied them of his

insanity. Whatever else may be said of the jurisdiction exercised over lunatics in Chancery, it must be admitted that the distinguished judges who exercise it are actuated by a conscientious desire to do right. They must either proceed by the light of their own intelligence, or they must seek the best assistance which the medical profession can supply. The popular belief that what are called mad-doctors will prove anybody to be mad is not destitute of foundation. But the Lords Justices can only take medical science as they find it. There is, however, no difficulty in crediting the statement that Mr. Tovey showed himself a month ago to be indisputably mad. The only question is whether, if he was only disputably mad when he lived at Goring, it might not be better that he should be allowed to live there again. The technical answer to this question is that the committee of the lunatic's person is the proper judge of matters relating to his health and comfort, and unless it could be shown that the committee had misbehaved or was unworthy of trust the Court would not interfere. A petition presented in the lunatic's name by friends of the lady who had ventured, in defiance of the Court, to go through a ceremony of marriage with him, was not, strictly speaking, entitled to be heard. Such persons could have no proper *locus standi* before the Court. It was urged that, whoever asked for the lunatic's enlargement, the Court ought to grant it in the hope, which experience showed to be well founded, that his mental and bodily health would be improved. But the Court answered that there was small encouragement to allow liberty, seeing how it had been abused at Scarborough.

The conclusion of the Lords Justices is, from their point of view, irrefragable; but it may perhaps be permissible to draw attention to some considerations which appear applicable to cases of this kind, although they are not dreamt of in the philosophy of Lincoln's-inn. We will venture to ask whether that which was done at Scarborough was really so very shocking as a Lord Justice thinks it? May we be allowed, without disrespect, to hint that possibly the lady before mentioned could manage Mr. Tovey better than the Lord Chancellor and the Lords Justices, with the help of the Masters in Lunacy, secretaries, and clerks? It may be that for this purpose a bonnet covers more true wisdom than any number of full-bottomed and other wigs. We have not before us the medical opinions given upon Mr. Tovey's case, and therefore we shall not presume to form any decisive judgment on it. But we can easily suppose a case which is technically one of insanity; but which, under judicious management, might pass from the cradle to the grave as one of eccentricity or infirmity of character. If a young gentleman who is not very strong in the head falls in love with a young German lady who plays seductively upon a cithern, and if the young lady is willing and the young gentleman's friends can afford to allow them a maintenance, by all means let them marry; and it is probable that during their joint lives the world will hear nothing about lunacy in the gentleman. But parental authority interposes and makes all the son's future life miserable. And when the father's control terminates by his death, the Court of Chancery steps into his place, and, with the best intentions and acting upon established rules, makes the son's last state more wretched than his first. The proceedings in the matter of a lunatic who has a large estate are conducted with all the solemn and cumbrous formality to which English lawyers are so devotedly attached. Such proceedings are profitable to the practitioners concerned, and beneficial to the lunatic's heir-at-law and next of kin, for whom his estate is preserved and augmented, and the only person who suffers under them is the lunatic himself. There can be no question that the Court does its best according to its lights and the powers at its command, but it is easy to conceive a case in which it might heartily be wished that the Court could have let the lunatic alone. The unfortunate Mr. Tovey seems to come near to

realising that which has been sometimes treated as impossible—namely, the case of a man who has been undone by having a large estate left to him. One of the clerical deponents whose affidavit was read to the Court stated that during Mr. Tovey's residence at Goring he regularly attended the afternoon services in the church of the adjoining parish of Stoke, as also the services on the saints'-day evenings in all weathers, "and for these and other reasons he appeared to me to be a devout and religious man." There are, perhaps, people who consider that a man who goes to church on saints' days gives *prima facie* evidence of his insanity; and such people may possibly feel thankful that Mr. Tovey, being immured in an asylum, is protected against indulging a tendency which seems to have existed in his mind towards ritualism. It was gravely propounded on one side as evidence of insanity, and denied on the other, that Mr. Tovey put on board his boat a large image of the Virgin Mary, and rowed it up and down the Thames. But if such evidence could suffice to prove madness, sailors of the South of Europe are, and always have been, mad. Another deponent, who was chief constable and parish officer of Goring, stated that he had been out boating with Mr. Tovey on the Thames, and went with him to the Wallingford regatta. "He rowed me there and back." If Mr. Tovey had been a dangerous lunatic, the worthy chief constable and parish officer would have been in a position calculated to excite lively anxiety in the minds of all inhabitants of Goring. The same deponent says that during all the time he knew Mr. Tovey, which was nearly three years, he always found him to be quiet and orderly. "He never got into any trouble or disturbance, and I never heard him use any violent or bad language." Another important feature in the case was that the only act of violence which was distinctly alleged against Mr. Tovey was one which might very easily have been committed by a perfectly sane man.

It would show very small acquaintance with the character of mental disease to argue from such evidence as has been quoted that the finding of Mr. Tovey's insanity by the Commissioner ought to be set aside. But it is possible that, if Mr. Tovey's rich uncle had not died, he would at this moment have been occupied in aquatic amusements on the Thames on week days, and in going three times to church, at Goring or adjoining parishes, on Sundays. The Lords Justices stated that 700*l.* a year is allowed for Mr. Tovey's maintenance, and that they are satisfied that nothing could be done for his comfort and happiness more than is done at the asylum. It may be assumed as probable that, if Mr. Tovey were allowed to live at Goring as little cared for by the Court as in the days when he was comparatively poor, the sea-nymph whom he met last autumn would become a river-nymph. The result here indicated is doubtless shocking to propriety, and we are quite sure that the wig of any Lord Chancellor, past or present, would stand on end at the bare thought of it. But perhaps the system over which those learned dignitaries preside is a little too elevated and spiritual for the capacity of average human nature. A lunatic cannot marry, and society would call his cohabitation with a woman by an ugly name. There are infinitely various forms and degrees of lunacy, and we must once more guard ourselves against being supposed to pronounce an opinion upon the case of Mr. Tovey. But that case suggests that it is possible for the Court of Chancery to take a man who has a large fortune, and is in the prime of life, but is a little touched in the head, and make a monk of him, and then report to itself that the comfort and happiness of the lunatic have been effectually provided for at the expenditure of 700*l.* a year.—*The Saturday Review*, May 4.

*Emanuel Swedenborg.\**

THERE has never been less likelihood than at the present time of Swedenborgianism taking any firm or general hold of the English mind. The whole current of thought and belief in a matter-of-fact and unimaginative age is dead against the progress of the New Jerusalem ark. Superhuman efforts have indeed been made from the first to float the interminable volumes of the seer's revelations. In his own time they were printed at frightful cost, given away to the public, and forced in bundles upon the bishops. It was for no lack of zeal or liberality that the attempted revival of a few years ago came to no more fruitful result. The patient scholarship of Mr. Garth Wilkinson, the open purse of the Rev. Augustus Clissold, the shrewd sense and sterling integrity of soul that might be looked for in a daughter of Joseph Hume, were wasted upon a generation that was not worthy of them. A remnant might still, indeed, be found faithful. Some of us may have known a solitary confessor here or there brave the amazement or the contemptuous pity of a club or drawing-room gathering. It is even said that, by a recent elevation, these opinions have gained a representative upon the Equity bench. Yet the litigation which rent the little sect half a dozen years ago came nearer than anything else within our experience to a practical illustration of the infinite divisibility of matter. A last chance for it seemed to offer itself in an alliance with the spiritualist and table-rapping interest. Nor was it any unwillingness on the part of the rappers and mediums that stood in the way. Swedenborg himself was always a great card in the hands of the Homes, the Forsters, and the Marshalls, and in that of M. Allan Kardek. But the exclusiveness of the earlier theosophists barred the entrance into the Swedenborgian cave. The ghosts that visited the great apostle and the spirits that rapped in Hindmarsh's study knew nothing of the modern pretenders to spiritual sight. The fate of all too narrow aristocracies seemed thus to have fallen upon the short-lived revelation. The brief candle of Swedenborgianism had, to all appearance, well-nigh spluttered itself out.

In Mr. White's recent elaborate work upon the life and writings of Swedenborg we see one more earnest and painstaking effort at vindicating the claims of the philosopher and seer. It is the writer's design to raise the subject of his biography from the vulgar level of a ghost-seer, or a mere enthusiast mistaking the nightmares or morbid visions of his own brain for exterior and awful truths. No human brain, Mr. White argues, could possibly have given birth to such ideas. They must, therefore, have an independent basis of truth. *Credo quia impossibile est.* "It is idle to assert that he invented his spiritual world; such a power of creation does not belong to the human mind. He must have seen what he describes." Yet Mr. White proceeds to make certain distinctions between subjective and objective vision, which take off very much from the value of his general adhesion to the substantiality of Swedenborg's spirit world. From his remarks upon what the seer saw in the planets, he appears to have little sense of the difference between the phenomenal and the actual—no idea that physical truth is more than what a man troweth. "What he relates may be true or untrue. I have no means of judging." Physical science is not therefore to come in as a test of the prophet's accuracy. Nor does any amount of variance from fact of history detract from the seer's claims.

\* 'Emanuel Swedenborg: his Life and Writings.' By William White. 2 vols. London: Simpkin, Marshall, and Co., 1867.

Wrong as he may be proved to be in matters where common-sense and human testimony can bring him to book, this is no reason with Mr. White for distrusting him where no such check upon his testimony exists. We are left in simple wonder at the courage of a writer who can face the public with so absolute a profession of faith in a witness of whom he suffers himself to speak, in one passage, with abatements like the following:

"‘Do you, then, accept all Swedenborg has to relate concerning the Spiritual World as true?’ By no means; no more than I should accept the testimony of the most veracious traveller as to the United States, or Russia, or India. I should say he means well, but had I to go over the same ground I should certainly arrive at many different conclusions, and on some contradict him point-blank. The full force of my dissidence from Swedenborg is not, however, brought out by a comparison with travels in the United States, Russia, or India. In these lands are many stable phenomena, but observations taken in the Spiritual World are as observations taken in cloud-land, where the shapes are transitory; and worse than transitory—illusory, by reason of their subordination to the influence of the beholder. ‘I can see no Spirit,’ said Swedenborg, ‘of whom I cannot form an idea;’ and supposing his idea incorrect (as many chances against one it must have been), whom would he see? Out of the enormous population of the Spiritual World, some one who answered to his idea. Hence I have no confidence whatever that any Spirit he testifies he saw was the real person. He disliked David and he disliked Paul, and he saw a David and he saw a Paul to justify his dislike. The Moravians and the Quakers had disgusted him, and he found pictures to match his disgust in the Spiritual World. He fancied it would advance his Jerusalem in the favour of the great potentates of Europe if they learned that their predecessors were in heaven, and forthwith he reported Elizabeth of Russia, and Louis XIV of France, and George II of England, as among the Blessed. I do not accuse him of any conscious humbug in these stories; I only adduce them to prove that he was liable to see what he wished to see. Disregarding the authenticity of his portraits, we may accept them as accurate reflections of the painter’s own prejudices.”

Where we at liberty to euphemise upon the visions of Swedenborg, and to see in them simply allegorical or poetic representations of his own crotchets in the natural or spiritual world, there would be no harm in the admission that he merely saw by the interior light of sparks struck out of his own optic nerve. But both the apostle and his adherents, including Mr. White himself in his general argument, would repudiate such a tampering with the revelation. Either Swedenborg’s spiritual world was a real external world, or he sinks into the common herd of monomaniacs who see an external cause in their morbid impressions, and hear in their nightmares the accents of angels. If the planet Mercury never contained a man who “wore a garment of deep blue, fitted tightly to his body, without folds or frills,” or if there are not people in Mars who live on fruit and pulse, with garments made from the fibrous bark of trees, woven and stiffened with gum, or if there are no wild horses in Jupiter, then we must simply decline to see by Swedenborg’s eyes when he takes us into realms even more inaccessible to our own homely organs of sight.

Swedenborg lies altogether apart from the ordinary run of religious mystics. He has little in common with Jacob Boehmen, or Saint Martin, or Pascal or Madame Guyon. Of Boehmen, indeed, he professed entire ignorance. Nor had other writers much more share in shaping his peculiar tenets. In no respect is the force of Swedenborg’s inventive talent more characteristically shown than in his utter disregard of what had been said or done by other men. The most voluminous of writers, he is the most dead or indifferent to literature. We know from his own account that he had hardly a book beside the Bible. This habit of intellectual self-dependence was part of the legacy of character bequeathed him by his father, Jesper Svedberg. Mr. White’s pages contain some

amusing traits of Bishop Svedberg's self-sufficiency and meddlesome habits. In his shrewd sense, his stirring methods of business, and his practical way of getting on in the world, there is much that reminds us of Bishop Burnet. His begging letters are models. The King can refuse him nothing. At his importunity the patent of nobility was granted to his sons and sons-in-law by Queen Ulrika Eleonora in the year 1719. Emanuel's surname was thus changed from Svedberg to Swedenborg. Of the Bishop's family of nine all but one were, like himself and his wife, "Sunday children," in which circumstance he sees an augury of the godliness of his house. To judge from Swedenborg's recollections in his old age, his childhood was one of precocious piety. From his fourth to his tenth year his thoughts were constantly engrossed "in reflecting on God, on salvation, and on the spiritual affections of man." The things he revealed in his discourse so astonished his parents that they declared angels certainly spoke through his mouth. On matters of dogmatic faith—such as the Trinity, justification by faith, and imputed righteousness—he was strangely heterodox for a clergyman's son. It does not appear that Swedenborg carried his early pietism into his youth or early manhood. When he was at the university, and for many years afterwards, his ruling passion was for science. It was for this that he travelled repeatedly to Germany, Italy, Holland, and England, and sought the converse of Wolf, Flamstead, Halley, and Newton. His first works of importance were upon chemistry and geology, upon iron and the nature of fire, and upon the mechanical principles of building docks and shipping. The discovery of the longitude at sea was a favorite idea with him through life. The three folios of his great work, the '*Opera Philosophica et Mineralia*,' were published in 1734.

The most valuable portion of Mr. White's book is his analysis of these volumes. In his grasp of philosophical principles and his insight into the leading truths of physics, Swedenborg was clearly in advance of most men of his time. And in certain special departments, especially that of metallurgy, his practical knowledge has scarcely been surpassed in our own day. The chapters on the conversion of iron into steel were incorporated into the magnificent '*Description des Arts et Metiers*,' as having been spoken of both by Cramer and Dr. Percy as forming a landmark in the history of metallurgy. Mr. White is careful at the same time to discountenance the flights in which Mr. Emerson and other writers have indulged regarding the anticipation by Swedenborg of most of the leading discoveries of recent science. It was in his views of magnetism that he came nearest to the conceptions of our day. It was already clear to him that heat, light, and electricity, were but modifications of one element—the magnetic—which filled all space, and was the impelling principle resident in all cosmical bodies. The universe was a great magnet. In his '*Economy of the Animal Kingdom*,' published in 1714, Swedenborg prosecuted his researches into the nature of life and the soul, which led him into a general harmony with the doctrines of Wolf. No one has given so clear an account as Mr. White of the peculiar teaching of Swedenborg concerning the first substance, the auras, and the animal spirits or nerve force, with the latter of which he identified the soul. Swedenborg's language here comes close upon the spiritualist or animal-magnetist terminology of our day. His design, in common with our modern mediums, was to demonstrate to the senses the immortality of the soul. And it is easy to detect in his speculations upon this theme the germ of the fanciful doctrines concerning the world of spirits which have since made his name famous.

It was in his fifty-fifth year, A.D. 1743, that the spiritual world distinctly opened itself to Swedenborg. A new life then dawned upon him. It was in London that this change took place. A curious light has been lately thrown upon this crisis of his career. A '*Diary or Book of Dreams*,' written by Swedenborg in 1743-4, turned up in MS. at Stockholm in the year 1858. Its

genuineness was beyond doubt. A limited number of copies—some of its contents being of an obscene character, or only fit for the pages of a medical journal—were printed in the following year. We here get Swedenborg's own version of the memorable incident handed down by Wesley, on the authority of Brockmer, with whom Swedenborg lodged in Fetter Lane. After all that Mr. White has done to disparage the credit of Wesley, there can be no doubt that Swedenborg had at that time an attack of madness following upon acute dyspepsia. The "violent shuddering" and fits which he had ten or fifteen times, together with the visions which appeared to him of angels, serpents, big dogs, palaces, and women, were clearly nothing else than his own sense of what were to other eyes simple symptoms of ordinary mania. The well-known story which he told Robsahm of the hideous reptiles that crawled about the floor, and of the angel who said to him "Do not eat so much," is merely another reflection of what passed through the morbid brain in the crisis of fever or dyspepsia. It appears to Mr. White "only pert scientific ignorance" to put down Swedenborg's later rhapsodies through the space of seven-and-twenty years to the score of his being out of his mind in 1774. In his view it is but the "sickness of the eagle moulting." Not questioning but that the 'Book of Dreams,' or even the published spiritual 'Diary,' would have sufficed to shut up the writer nowadays in an asylum, Mr. White boldly pins his faith on the objective reality of the sights in the 'Arcana Celestia,' and has no doubt that the eagle winged an actual flight to heaven and hell. He is quite prepared to see his oracle "sharply tried," and his claims tested, not by debate "outside his writings," but by critical study of the statements themselves. Nothing, we admit, can be fairer. And we can promise those who have leisure and curiosity enough to take up the challenge and follow Mr. White through his elaborate and loving exposition of his master's occult lore, that they will meet with much that will enliven the tediousness of the journey. How far, however, they will be converted into seeing with Mr. White's eyes the glory of the seer's countenance, and fall down with him before the oracle, it is not for us to say.

But if, by reason of his "style, originality, and indiscreet disclosure," the "superficial public" are repelled from Swedenborg, the great teachers of mankind, Mr. White is convinced, will rise more and more into accord with the seer's philosophical and ethical system. In the union of utilitarianism with transcendentalism which begins to characterise our best literature, we are told that "we breathe a Swedenborgian air." In one of Coleridge's daring paradoxes, that "as a moralist Swedenborg is above all praise," Mr. White would have us see a literal truth. If this means that Swedenborg correctly reported the morality of the spiritual world, we are, of course, thrown back once more upon the credibility of his pretensions. It would doubtless be shocking and profane to question the purity of the ethical code of the heavenly world. But if we are to accept, with Mr. White, the goings-on before the seer's eyes as indubitable facts, we may realise to ourselves the feelings of a pious and orthodox Greek or Roman of old in face of the sad scandals of his Pantheon. Less scrupulous or more sceptical followers might find their advantage in following the extremely loose and comfortable precedents set by such august authority. In his treatise on 'Conjugal Love,' for instance, we are enlightened as to the relations between the sexes in the glorified or celestial Jerusalem. In some respects we may suspect our Mormon brethren to have taken a leaf here out of the Swedish revelation. In others we must acquit Joe Smith or Brigham Young of tenets or practices half so foul or cynical. In the Swedenborgian rule as to women we recognise the moral estimate of the Koran mixed up with the practical license of the Haymarket. Adultery, indeed, is condemned altogether—it is a synonym for hell. But to a "youth of strong passions, and unable to marry," the spirits would say, with Cato, *maie virtute*. "Promiscuous and inordinate fornication," though "venial, and capable of containing conjugal love as a

sword lies in a scabbard," is best set aside in favour of a mistress, "who must neither be a maiden nor a wife." The case of married men is provided for on the same lenient scale. "There are two kinds of concubinage, which differ exceedingly, as dirty linen from clean—the one conjointly with a wife, the other apart from a wife." To the first heaven is closed, and the sinner is sent by the angels among the polygamists. "But it is not at all the case with him who for good reasons divides himself from his wife and keeps a woman." These reasons are of three degrees—"legitimate, just, and truly excusatory." A legitimate license is the adultery of the wife. A just license is found in a scale of "vitiating states" of the body or mind. Among the former of these are "foul eructations from the stomach," and among the latter "foolishness and idiotcy, loss of memory, and the like." For really excusatory causes one need go no further than "gossiping about family secrets, quarrelsomeness, internal dissimilitude—whence comes antipathy, extreme impiety, or addiction to magic and witchcraft." But there is a kind of supplemental code in "a cessation of procreation on account of the wife's age," besides similar "causes which reason sees to be just, and which do not hurt the conscience." The New Jerusalem may well be an attractive place for a male devotee of a certain order. But what is woman's place in this celestial Agapemone? We fear that Swedenborg's spirit saw in women no souls, and the 'Arcana Celestia' certainly holds out no paradise for female adherents.

With these visions to back him, there need be no wonder when we find the great apostle exemplifying the celestial code in his own practice upon earth. For "conjugal love" he seems to have felt no vocation, but his repeated confessions show that he found an alternative in the saving clauses of the new code. In his youth, while in Italy, and we are not told how long afterwards, he acknowledged keeping a mistress. His private confessions, as evinced by the entries which we are permitted to see in his diary, sufficiently show that his celestial converse had done little to eradicate or keep in check the ordinary lusts of the flesh. Such minor weaknesses are admitted by his biographer, much as a sun-worshipper might pass by the existence of spots on the face of his idol. The gentle protest of Mr. White against the "heartlessness" and laxity of Swedenborg is even tempered by a tacit admiration of the seer's "outspokenness" as compared with the reticence of a later and more prudish generation.

Are we to take, as a further test of the high morality claimed for Swedenborg, his monstrous and unscrupulous attack upon the Quakers? What are we to think either of the love of truth, the sense of responsibility or the simple decency of a man (whom we are forbidden to hold insane) who can deliberately charge upon that community the foul and unnatural practices which were attributed to the Christians of the first centuries by their heathen persecutors, and which were subsequently, with perhaps an equal amount of truth, laid by the orthodox to the score of the Gnostic heretics? "It was inquired whether the Quakers indulged in these obscene rites with their daughters and maid-servants, and it was said that they did." It was said to him "by an angelic interpreter that Quaker spirits wander about in thick forests like swine, and this because of their avarice and nastiness." We shall of course be told that Swedenborg merely reported what met his ear in the land of spirits, and that he is in consequence not to be held responsible for the libel. It is upon the spirits then, we conclude, that the responsibility is to rest. This will of course be satisfactory enough to those with whom the spirit world is an objective reality, and the report of the seer an authentic message. But what resource is there for the outside public, who have the disadvantage of not being mediums, and with whom the objectivity of the spirit voices is the very point to be made good? Are they to follow the precedent of the dispassionate judge of former times and order the ghost into court? If they are estopped from trying the



messenger, what, at least, are they to do but make trial of the spirits themselves by such partial lights as they possess in respect to matters of fact, and the laws both of the physical and the moral universe? Taking the utterances of their messenger with the implicit confidence which disciples like Mr. White would have us repose in him, we are thus thrown upon what we are told is a higher moral and spiritual sphere than our own for evidence of what we know to be a revolting and scandalous falsehood touching the sphere of our own senses. What appeared in the eyes of Swedenborg himself, and, it may be, still appears in those of his biographer and similar privileged adherents, to be an angel of light, must, to eyes not accustomed to the same ethereal medium, stand out in the unmistakable character of the father of lies. It is somewhat odd to find ourselves in the position of arguing, even with a semblance of gravity, upon such preposterous notions as these. But the oddity is due to the still more curious paradox of men with the intelligence and culture of Mr. White being found to stand sponsors for such claims. If the outpourings of Swedenborg are to be taken as evidences of fact, we may reasonably hope to utilize the ravings of our asylums. If we want to know what the sun is made of, whether the moon is inhabited, or what is going on in the recesses of heaven or hell, we have but to keep up a class of Pythias of either sex, well grounded in physics or theosophy, with a good deal of what Mr. Emerson calls the "oversoul," an inordinate stock of self-confidence, and a high state of indigestion. There need be neither a problem in cosmical science nor a mystery in theology waiting its solution, had we only a supply of men qualified for service in Church or State by the natural gifts of a quick and teeming brain—developed enormously in the regions of wonder, imagination, and self-esteem—untiring animal energy, and a disordered liver.—*The Saturday Review*, May 11th.

*Dr. Forbes Winslow on Light.\**

Books could be named which prove that the results of strictly scientific inquiry possess an interest little inferior to the romance of life, by showing how the elements of energy and unity, of antagonism and harmony, may be observed in the material forms and forces without us in a mysterious intricacy almost as interesting as that play of human motive and action traced by the hand of the poet, novelist, or historian. Yet it is unnecessary that every work on a scientific subject should be strictly scientific in aim or even in method and detail; it is nevertheless necessary that every work of avowedly popular purpose should evince in its author that tone and habit of thought which will guide him to a consistent, if not a complete, view of the character and relations of his subject. Now, Dr. Winslow's book on *Light* is interesting as an example of what a work on the subject ought not to be. The first chapter, on the Solar Beam, is mainly derived from works on physical geography and botany; and it treats on the general influence of the sun on the distribution of plants and animals. Such discussions, or rather statistics, are very well in their proper place, but here they are beside the question. Physicists have shown, for instance, that light and heat are only different forms of one and the same physical agency, though they specially affect different senses and organic modes; and when we regard the sun as the centre of gravitating and magnetic influence, and of the heat, light, and chemical power which we are accustomed to distinguish in its emitted influence, it may fairly be asked why "*Light*" should be selected as the

\* '*Light: its Influence on Life and Health.*' By Forbes Winslow, M.D. London: Longmans and Co., 1867.

title of a book relating to phenomena with which every science is concerned, and which are more closely related to other forms of solar energy.

The book is indeed a misnomer; and this must either be regarded as involving the discrimination of the writer, or it must imply that the title sets forth a theory that light is to be regarded as the physical cause to which we should attribute the various results which the author has narrated. If the former alternative had been clearly and exclusively applicable, we have already said more than enough, for in that case we should have said nothing at all; but the latter is rather curiously justified in the only two references to optical science or physical theory that occur in the volume. At the end of the first chapter Dr. Winslow refers to the important investigations of Bunsen and Kirchhoff on the nature of certain dark lines in the solar spectrum, and says he will recur to the discovery "for the purpose of ascertaining to what extent the development of the red blood cell and the iron found in the general circulation depend upon the mechanical or chemical effect of the solar beam—containing in its composition this metal—upon the portions of the body exposed to its operation." Kirchhoff proved the presence of iron, among other metals, in the solar "atmosphere," and by inference it may be supposed present in the incandescent surface or stratum beneath it; and accordingly we felt somewhat curious to know what was meant by the extension of the discovery implied by the mechanical effect of the iron contained in the solar beam. At the end of the work we came upon the following sentence:—"In the absence of any hypotheses of a more satisfactory character to account for the beneficial action of light, it is reasonable to suppose that the iron vapour detected in the sun's beam may have a physiological as well as a mechanical effect upon the composition of the blood by throwing into the general circulation through the vessels of the skin a most important vital constituent." Though in his preface our author disavows any claim to original experimental research, and does not purpose to weigh the relative values of the theories of light, he thus exhumes the corpuscular theory and revives it with a vengeance. That we have particles of iron drilled into our very blood in actual "showers" of sunshine is a bold theory, and dead against the art and mystery of wearing clothes. Surely the advantages of taking steel-drops *per culem* never struck anybody in this light before; and though we are not told what are the therapeutic advantages of having particles of sodium, nickel, calcium, magnesium, barium, copper, and zinc pelted into us, some may fairly regret that no traces of gold are found in the solar atmosphere to act as an encouragement in laying oneself out for an easy method of accumulating that valuable metal. Any one wishing to defend this hypothesis will have to explain why solar "atmosphere" and solar "beam" are to be considered identical; how it is that while the dark lines of the sun's prismatic spectrum evidence the interference or absorption of certain forms of light, the spectra of the incandescent metals afford bright lines instead; and when done the insuperable objections to the theory are only beginning.

The chapters on lunar influences record effects attributed to the moon as matters of hearsay, which the reader may believe or not as he pleases. The author does not hold himself bound to investigate such questions, or even to trace any clear connection with the subject on hand. The moon must have been man's primitive guide in fixing periodic times and observances; and, apart from light, her relations to the earth, in a system of two bodies moving round their centre of gravity, undoubtedly affect other physical phenomena beside the tides. It is therefore not difficult to understand how almost all our more obvious and minor periods observed in natural phenomena have been attributed to lunar influence, though many are very remotely connected therewith; nor in the present state of science need we affect to be surprised should the moon be found to have important relations which are either denied or undiscovered. Besides, a rational view of the nature of causation shows us that since all cosmi-

periods are interrelated, and since all physiological and physical effects which they conjointly determine cannot be specially attributed to one independent cause apart from others, it follows that much vagueness must always beset our popular method of tracing special causes and effects. Not only Dr. Winslow's book, but almost all our deductions from whole series of observations in kindred departments, are wholly vitiated from the universal disregard or ignorance of the principle that periodic *changes*, whether of the moon as a great neighbouring centre of influence, or of some small object, cannot be classified distinctly as "causes" or "effects," but merely as *signs* of the variation in special forms of an all-pervading and ceaseless activity.

Unfortunately, in the very department of inquiry in which Dr. Winslow ranks as a high authority, he merely tells us, after giving the conflicting opinions of others, that "placing but little faith in what has been said on the subject I have not kept any systematic register as to the effect of different phases of the moon on the insane." When, as we have hinted, *signs* rather than *causes* will be sought after in the study of physiological and other influences, systematic registration of phenomena will become the basis of a scientific method which will be proud to acknowledge that in these matters we must walk by sight and not by faith, nor by the want of it in any predevised theory.

Dr. Winslow's last and shortest chapter on the Hygiene of Light makes some approach to the subject on which the work ought to have treated; and it is not the less worth reading, perhaps, that extracts are drawn from the writings of Sir D. Brewster, from Miss Nightingale's admirable book on hospitals, and from the pages of this journal. If Dr. Winslow had kept to his subject his extraordinary diligence in collecting materials would have secured the value and importance of his book in relation to a subject on which people cannot read too much. It is necessary in every form to set forth known truth on the sanitary value of light and air, though that truth be backed up by no specious hypothesis, and be apparently addressed to some faint sense of justice in man rather than to an ignorant but keenly active selfishness too seldom disturbed by the power of the law, and which therefore cannot be too often assailed by the force of reason. It may be difficult to say whether ignorance or cupidity is more concerned in the opposition to sanitary reform; yet we shall be disposed to forgive much in an author who does something in any direction to advance the state of public opinion on such worldly interests as are concerned in the condition of our streets and lanes, the structure of schools, hospitals, and servants' apartments; and, in the aid of all who cannot, or do not, help themselves, to cherish in men that "unerring instinct" which attracts us to the wholesome light of heaven.—*Pall Mall Gazette*, June 20.

### *Modern (Romish) Ideas of Hell.\**

MR. FURNISS'S book is one of a series expressly intended "for children and young people;" an extract from Father Faber, on the fly-leaf, gives us to understand that we are much too qualmish about mentioning "the scaring images of Hell, and that children are lost for want of being early smitten by terror!" Our readers will remember that M. Octave Delepierre recently edited for the Philobiblion Society a series of "Visions of Hell," all belonging to a mediæval period.† The editor, and the public generally who studied that stirring collection

\* 'The Sight of Hell.' By the Rev. J. Furniss, C.S.S.R. *Permissu Superiorum.* (Duffy.)

† See 'Journal of Mental Science,' October, 1866. NOTES AND NEWS.

of myths, fancied, no doubt, that they all belonged to a mediæval period. The authorship of the stories did, but there are existing writers who continue to labour in the same vocation, and Mr. Furniss, "by permission of his superiors," is as ardent as any of them in this agreeable line.

His book is but a pamphlet, but it is stuffed with as many horrors as if an Encyclopædia had been devoted to the subject; and it is after this fashion that children belonging to the Church of which Mr. Furniss is a zealous teacher, are encouraged to have their trust in a God who is, before all things, a God of Love. Children are informed that Hell is four thousand miles from the surface of the earth, that the fair saint, St. Francis, has been taken over the interior of that place of torment by the angel Gabriel; and from her account and that of other witnesses, living children have an opportunity of knowing whether they are sure to go, and what they are certain to suffer, for ever and ever, for the smallest mortal crime committed in the flesh. Let us here remark, parenthetically, that we have no opinion to offer touching the theological character of the book. We take it as a literary and social illustration of what is now being written, and of the influences it is expected to have on a rising generation. We commit all besides to the fair judgment of our readers.

Mr. Furniss then informs the young that Hell is boundless, its plain is of red-hot iron, its atmosphere a fog of fire, its rivers fathomless streams of seething pitch and sulphur. Take the least spark from Hell (he says), throw it into the ocean, and in a moment it will dry up all the waters and set the whole world in a blaze. The music of Hell is not that of the spheres, but made up of shrieks that never subside, and unnatural sounds from the condemned, who roar like lions, hiss like serpents, howl like dogs, and wail like dragons. There is a rushing thunder as of cataracts of water, but little children are reminded that there is no water in Satan's fiery kingdom. What sounds like the fall thereof are the torrents of scalding tears falling without any cessation from millions of millions of eyes! The young, too, are further sickened by the assurance that if a body *could* be snatched for a moment from Hell and laid upon the earth, the stench would be so overwhelming that everything would wither and die. Then the little ones are further scared by the information that millions of fiends are daily despatched from the Bottomless Pit especially to tempt children to sin, and that the fiends are well beaten when they return home at night if they have been unsuccessful in destroying the souls of children throughout the day. As for the awful subject of judgment, these little ones again are told that their offending souls will be dragged in chains before Satan's judgment-seat, that *he* is their judge,—and a judge without mercy!

If the pulses of the young heart of innocent girl or boy reading, or listening to these lessons furnished to them with a diabolical sort of alacrity by the author, still beat unappalled, Mr. Furniss crushes them with fresh horrors, "How will your body be," he asks, "after the Devil has been striking at it a hundred million of years without stopping?" Every naughty child has a special devil at its side to smite it (amid countless other outrages) for ever and ever; and Mr. Furniss asks his dear young friends "if they go to Hell," what their bodies will be like after their attendant fiends have been pounding at them a poor instalment of the time, a hundred million years? Fancy a group of children, fresh as flowers, confiding as innocence, with young life and a divine love within them, being asked such a question as this! The mortal fault of a moment deserves endless torture beyond the heart of man to conceive; about that, Mr. Furniss tells the scared innocents, there can be no doubt. He seems to lift his voice shoutingly, as if his tender and terrified flock should not hear the more loving words from the Fountain of love and mercy,—“Suffer little children to come unto *me*.” No! teaches the author, they cannot, and they shall not, if they bear about them the responsibility of the least of mortal sins.

The imagination grows more horrified with that which is supplied for its food and stimulant. The little ones are told that devils will be continually frightening them, Death staring at them; the vain will have to wear bonnets and dresses of the hottest fire of Hell, which burns everything for ever, and never burns anything away. A poor girl who loved dancing in the world implores Satan to let her little brothers and sisters know what has come of it; but, of course, Satan will not help her. The children of earth are even bidden to look into the horrible gulf to behold their fathers tossing in it helplessly; others are shown whole families, the members of which are tearing each other to pieces; which are renewed, to be again torn, each accusing the other of the calamity which has overwhelmed all. In short, within a few pages are enumerated horrors which defy all description. Almost universal empire is ascribed to Satan; all power over men is ascribed to him; the might, majesty, the love, the very will of God are burnt out by the all-devouring flames of Eternal Hell; and Christ is depicted as rather querulously stating that he had done his utmost to save mankind, but that the Devil, after all, had by far the best of it!

We add no word to this illustration. Judgment is free. We will only say that in all the myths of the Middle Ages, there is not one so utterly astounding, so horrible, so repulsive, and so mendacious as the myths of the present time depicted by Mr. Furniss, *permissu superiorum*.—*The Athenæum*.

### *Pavilion Asylums.*

In a paper which he read before the Medico-Psychological Association, and has now reprinted from the 'Journal of Mental Science,' Dr. Lockhart Robertson advocates the application of the pavilion system of construction, as exemplified in the Herbert Hospital at Woolwich, to the building of public asylums for the insane. We can readily conceive that there might be some great advantages in breaking up a large asylum into separate pavilions, connected by suitable corridors, and under one administration. The best ventilation would, at any rate, be obtained; and it might be desirable, for other reasons, to do away with the congregation under one roof of so many lunatics. Facilities would be presented for a complete classification of the patients according to the nature of their disease, their bodily condition, and the probability of recovery. The system contains within itself the means of an easy and inexpensive extension, in case of an increase of accommodation being found necessary; and there seems no reason to think that the efficacy of the administration would be at all interfered with. Dr. Robertson appends to his paper the plan of a pavilion asylum for 250 patients, with easy means of enlargement for 400 or 550; and claims for it the merit of economy. Though there may be reasonable doubt of this in some minds, the pavilion system of construction certainly seems to offer undoubted advantages over the modification of the prison system which is in fashion, and may fairly claim a trial, should it be found necessary, to add another to the numerous large asylums scattered over the country.—*British Medical Journal*.

*The Empress Charlotte.*

We regret to learn that the mental condition of the Archduchess Charlotte, Empress of Mexico, shows no signs of improvement. Under the stress of the peculiarly distressing symptoms with which mental alienation is accompanied in her case, the committee who have been charged by the Emperor of Austria with the administration of her affairs and her personal charge, have proposed to have a consultation of eminent European alienists, naming for the purpose—Dr. Griesinger, Berlin; Dr. Morel, Paris; and Dr. Maudsley, London.—*British Medical Journal*, May 18.

*Publications, &c., Received, 1867.*

(Continued from the 'Journal of Mental Science,' April, 1867.)

'On the Principles of Æsthetic Medicine; or, the Natural Use of Sensation and Desire in the Maintenance of Health and the Treatment of Disease, as demonstrated by Induction from the Common Facts of Life.' By Joseph Peel Catlow, M.R.C.S. John Churchill and Sons, New Burlington Street, 1867, pp. 325.

*The dedication of this work was written in 1853. The author's sudden death left the MSS. unfinished. It is now, in 1867, launched on the world apparently without any further editing or amending, a step which can conduce neither to the fame of the author nor to the profit of the publishers.*

'Idiocy and its Treatment by the Physiological Method.' By Edward Sequin, M.D. New York, 1866, pp. 457. (See Part II, Reviews.)

'Ninth Annual Report of the General Board of Commissioners in Lunacy for Scotland.' Presented to both Houses of Parliament by command of Her Majesty. Edinburgh, 1867, pp. 274.

*A model of accuracy.*

'On the Poisons of the Spreading Diseases: their Nature and Mode of Distribution.' By Benj. W. Richardson, M.D., F.R.S., Senior Physician to the Royal Infirmary for Diseases of the Chest. John Churchill and Sons, New Burlington Street, 1867 (pamphlet).

*A thoughtful and suggestive Lecture.*

'Hospitals, Infirmarys, and Dispensaries: their Construction, Interior Arrangement, and Management; with Descriptions of Existing Institutions, and Remarks on the Present System of affording Relief to the Sick Poor.' By F. Oppert, M.D., L.R.C.P.L., Physician to the City Dispensary. John Churchill and Sons, New Burlington Street, 1867, pp. 218.

*An able and practical treatise, to which we shall revert more fully in a future number.*

'Germinal Matter and the Contact Theory.' By James Morris, M.D. Lond. John Churchill and Sons, New Burlington Street, 1867 (pamphlet).

'On Happiness in its Relations to Work and Knowledge.' An Introductory Lecture delivered before the Members of the Chichester Literary Society and Mechanics' Institute, October 25th, 1850, and published at their request. By the late Sir John Forbes, M.D., F.R.S., Physician to Her Majesty's Household. Second Edition. London: Hamilton, Adams and Co., 1867 (pamphlet).

'The Natural History Review for October 1862.' Containing "A Report on Recent Researches into the Minute Anatomy of the Spinal Cord." By W. B. Kesteven, F.R.C.S.

"Report on Dr. Dean's Smithsonian Contribution on "The Gray Substance of the Medulla Oblongata and Trapezium." By W. B. Kesteven, F.R.C.S. (Reprinted from 'Beale's Archives of Medicine,' No. 16, 1866.)

'Classification of the Functions of the Human Body, and the Principles on which it Rests.' By Andrew Buchanan, M.D., Professor of Physiology in the University of Glasgow. London: John Churchill and Sons, New Burlington Street, 1867 (pamphlet).

'Leçons Cliniques sur les Maladies des Vieillards et les Maladies Chroniques.' Par M. le Dr. Charcot, Agrégé à la Faculté de Médecine de Paris, Médecin de l'Hospice de la Salpêtrière; recueillies et publiées par M. le Dr. Ball, Agrégé à la Faculté de Médecine de Paris. Deuxième Fascicule. Goutte et Rhumatisme Chronique. Paris: Adrien Delahaye, Libraire-Editeur, Place de L'Ecole-de-Médecine, 1867.

'Farewell Address, delivered at the Fourth Anniversary of the Anthropological Society of London, January 1st, 1867.' By James Hunt, Ph. D., F.R.S., &c. &c., President of the Anthropological Society of London. London: Trübner and Co., 60, Paternoster Row, 1867 (pamphlet).

'Ueber Lear und Ophelia.' Ein Vortrag von Professor Dr. Heinrich Neumann, Gehalten im Musiksaale der Universität zu Breslau am 11 März, 1866. Breslau: Verlag von Wilh. Gotl. Korn, 1866 (pamphlet).

*An interesting contribution to the Psychology of Shakespeare.*

### *Appointments.*

Dr. Harrington Tuke and Dr. Maudsley have been elected honorary members of the Imperial College of Physicians of Vienna.

Dr. Fryer, F.L.S., &c., late Senior Resident Medical Officer at St. Mary's Hospital, Manchester, has been appointed Physicians' Assistant to the West Riding of York Lunatic Asylum.

W. F. Crosskey, M.D., has been appointed Assistant Medical Officer to the Birmingham Borough Lunatic Asylum, vice J. H. Davidson, M.D., resigned, and appointed Assistant Medical Officer to the Cheshire Lunatic Asylum, Cheshire.

William Stanger, Esq., has been appointed Assistant Medical Officer of the County and Borough Lunatic Asylum, Sneinton, Nottingham.

James Buchanan, A.M., M.B., and C.M. Glasg., has been appointed Assistant Medical Officer to the Perth District Asylum, Murthly.

*Extraordinary Meetings of the Medico-Psychological Society  
of Paris.*

The Medico-Psychological Society of Paris has organised extraordinary meetings for the week preceding the time fixed for the General and Universal Medical Congress of Paris of this year, viz. on August 10th, 11th, and 14th. The meetings will take place at the Faculty of Medicine, at four in the afternoon. Full liberty is left as to the choice of the subjects for papers; but the Society would direct attention to the following topics:—

1. *Appropriate legislation and mode of relief for the insane in different countries.*
2. *Relations of insanity to private and public education.*
3. *Basis of a general system of asylum statistics.*
4. *On the pathological changes of the nervous centres in the various forms of insanity, and especially on the progress effected in this respect by the use of the microscope.*

The members of the Medico-Psychological Association are invited to attend. We are requested to add to this statement the earnest wish of the *Société Médico-Psychologique* that the English Association may be fairly represented at this congress.

*Notice to Correspondents.*

English books for review, pamphlets, exchange journals, &c., to be sent either by book-post to Dr. Robertson, Hayward's Heath, Sussex; or to the care of the publishers of the Journal, Messrs. Churchill and Sons, New Burlington Street. French, German, and American publications may be forwarded to Dr. Robertson, by foreign book-post, or to Messrs. Williams and Norgate, Henrietta Street, Covent Garden, to the care of their German, French, and American agents, Mr. Hartmann, Leipzig; M. Borrari, 9, Rue de St. Pères, Paris; Messrs. Westermann and Co., Broadway, New York.

Authors of Original Papers wishing *Reprints* for private circulation can have them on application to the Printer of the Journal, Mr. Adlard, Bartholomew Close, E.C., at a fixed charge of 30s. per sheet per 100 copies, including a coloured wrapper and title-page.

The copies of *The Journal of Mental Science* are regularly sent by *Book-post* (*prepaid*) to the ordinary Members of the Association, and to our Home and Foreign Correspondents; and Dr. Robertson will be glad to be informed of any irregularity in their receipt or overcharge in the Postage.

The following *EXCHANGE JOURNALS* have been regularly received since our last publication:

The *Annales Médico-Psychologiques*; the *Zeitschrift für Psychiatrie*; the *Correspondenz Blatt der deutschen Gesellschaft für Psychiatrie*; *Archiv für Psychiatrie*; the *Irren Freund*; *Journal de Médecine Mentale*; *Archivio Italiano per le Malattie Nervose e per le Alienazioni Mentali*; *Medizinische Jahrbücher*



(*Zeitschrift der K. K. Gesellschaft der Aerzte in Wien*); the *Edinburgh Medical Journal*; the *American Journal of Insanity*; the *British and Foreign Medico-Chirurgical Review*; the *Dublin Quarterly Journal*; the *Medical Mirror*; the *British Medical Journal*; the *Medical Circular*; the *Journal of the Society of Arts*; and *New York Medical Journal*. Also the *Morningside Mirror*; the *York Star*; *Excelsior*, or the *Murray Royal Institution Literary Gazette*.

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#### ERRATA.

In an article entitled "Contributions to the Pathology of Nervous Diseases," in the April number of the *Journal*, the following errors make nonsense of an important passage. We quote the passage, marking the errors by italics. "It is clear that the left hemisphere was cut off both from knowledge of, and power of acting upon the limbs of the *opposite* (should be *same*) side; for, although it was in full function, the patient was unaware of her hemiplegia—the *left* (should be *right*) being so disintegrated as to be unconscious of it. And the example would seem to show that one hemisphere can only act volitionally on the limbs of the *same* (should be *opposite*) side . . . . And of course if the hemiplegia was not real, there was no reason why the *right* (should be *left*) hemisphere should not have been able to act upon the limbs, except that it was cut off from communication."

# The Medico-Psychological Association.

## THE ANNUAL GENERAL MEETING

WILL BE HELD

(BY PERMISSION OF THE PRESIDENT AND FELLOWS)

AT THE

ROYAL COLLEGE OF PHYSICIANS OF LONDON,

ON WEDNESDAY, JULY 31<sup>ST</sup>, 1867,

UNDER THE PRESIDENCY OF LOCKHART ROBERTSON, M.D. CANTAB.

### AGENDA:—

**I. MEETING OF THE GENERAL COMMITTEE, at 11 a.m.**

**II. MORNING MEETING OF THE ASSOCIATION, at 12 p.m.**

1. General Business of the Association.
2. The following gentlemen will be proposed as Honorary Members of the Association :

Staff-Surgeon Baron Mundy, M.D.

Sir James Clark, Bart.

John D. Cleaton, Esq.

Ludwig Meyer, M.D.

Robert Dunn, Esq.

**III. AFTERNOON MEETING OF THE ASSOCIATION, at 2.30 p.m.**

1. Address by LOCKHART ROBERTSON, M.D., President.

Papers will be read by—

BARON MUNDY, M.D.—*A Comparative Examination of the Laws of Lunacy in Europe.*

JOHN G. DAVEY, M.D.—*On the Insane Poor in Middlesex, and the Asylums at Hanwell and Colney Hatch.*

HARRINGTON TUKE, M.D.—*On Monomania, and its Relation to the Civil and Criminal Law.*

The Members of the Association and their Friends will hold their ANNUAL DINNER at WILLIS'S ROOMS, KING STREET, ST. JAMES'S, at 7 p.m.

Members of the Profession desirous of admission into the Association are requested to communicate with the Honorary Secretary.

HARRINGTON TUKE, M.D.,

*Honorary Secretary.*

37, ALBEMARLE STREET, W. ;  
10<sup>th</sup> June, 1867.



THE JOURNAL OF MENTAL SCIENCE, OCTOBER, 1867.

[Published by authority of the Medico-Psychological Association.]

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*No. 64 (new series No. 28) will be published on the  
1st of January, 1868.*

# THE JOURNAL OF MENTAL SCIENCE.

[Published by Authority of the Medico-Psychological Association.]

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No. 63. NEW SERIES,  
No. 27.

OCTOBER, 1867.

VOL. XIII.

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## PART I.—ORIGINAL ARTICLES.

*The Care and Treatment of the Insane Poor.* By C. LOCKHART ROBERTSON, M.D. Cantab., President of the Medico-Psychological Association.

(Read at the Annual Meeting of the Medico-Psychological Association, held at the Royal College of Physicians, July 31st, 1867.)

"Insane persons are everywhere regarded as proper objects of the care of the State."—*John Stuart Mill.*

"Our present business is to affirm that Poor Lunatics ought to be maintained at the Public Charge. I entertain, myself, a very decided opinion that none of any class should be received for profit; but all I hope will agree that Paupers at any rate should not be the objects of financial speculation."—*Lord Ashley.* (Speech in the House of Commons, 6th June, 1845.)

AMONG the many social problems included in the domain of Medico-Psychology there is none of more importance, or more intimately related to the duties of the community, than that of the *Care and Treatment of the Insane Poor*. At this time, moreover, it is the subject of much discussion in the general and medical press. I do not therefore think, that I shall otherwise than meet with your approval, if I use this present opportunity, which I owe to your favour, to review the several relations of this grave social question.

In England our existing arrangements are only of twenty years' standing, and owe their origin, as you are all aware, to the introduction into the House of Commons by the Earl of Shaftesbury (then Lord Ashley) of the Lunacy Act, 1845, which transferred to the present Lunacy Commission the supervision of the insane poor throughout England and Wales.

The condition of these patients previous to the passing of the

Lunacy Act, 1845, is detailed in the '*Report of the Metropolitan Commissioners in Lunacy*' (1844), who had for the first time been authorised by the 5 & 6 Vic., c. 87, to inspect the condition of the various public and private asylums throughout England and Wales.\*

It is not within my present purpose to relate again the tales of misery and neglect recorded in this official report. Suffice it, that their investigations enabled the Metropolitan Commissioners to make those suggestions for the amendment of the law, which were embodied in the Lunacy Act, 1845, and form the basis of our present arrangements for the care and treatment of the insane poor.

The leading principle asserted in the Lunacy Act, 1845, as it relates to the care and treatment of the insane poor, is, that the permissive power to justices given by the 48 Geo. III, c. 96, to build county asylums, and which led to the erection of the seven asylums for Nottingham, Bedford, Norfolk, Lancaster, Stafford, Cornwall, and Gloucester, containing in all only 1500 beds, should be compulsory, and that each county in England and Wales should under the authority of the Quarter Sessions be compelled to make provision for the care and treatment of its insane poor. Another principle was, that the whole detail of these arrangements should be controlled by the Justices of the County under the general supervision of the Commissioners in Lunacy. The medical character of these asylums, as hospitals for the cure of mental disease, was for the first time formally asserted, in their being placed under the government of a resident medical superintendent. The subsequent Lunacy Acts, relating to the care and treatment of the insane poor, which have been passed, viz. the '*Lunatic Asylums*' Act, 1853,' and the '*Lunacy Acts*' Amendment Act, 1862,' are simply amplified details of these principles. The time has now arrived when these legal enactments might most wisely be consolidated into one intelligible statute.

The following table shows the number of pauper lunatics and idiots chargeable in England and Wales at the decenniums **1847**, **1857**, and **1867** :—

\* The following was the number of pauper lunatics chargeable in August, 1843, with their place of maintenance :—

	MALE.	FEMALE.	TOTAL.
In County Asylums .....	1,670	1,855	3,525
In Licensed Houses .....	1,059	1,239	2,298
In Workhouses .....	1,813	2,250	4,063
In Private Dwellings.....	2,204	2,702	4,906
Total .....	5,746	8,046	14,792

Population of England and Wales (estimated) .....	16,000,000
Number of Pauper Lunatics and Idiots to Population,	1 in 1066

*Table showing the Number of Pauper Lunatics and Idiots in England and Wales in the several Decenniums, 1847, 57, and 67, with their Place of Maintenance, and their Proportion to the Population.*

WHERE MAINTAINED.	1847. (1st January.)			1857. (1st January.)			1867. (1st January.)		
	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.
In Public Asylums ..... (In County and Borough Asylums and Lunatic Hospitals.)	2,397	2,745	5,142	6,104	7,384	13,488	11,336	13,412	24,748
In Licensed Houses ..... (Private Pauper Asylums.)	1,657	2,104	3,761	790	1,118	1,908	417	833	1,250
In Workhouses .....	2,058	2,573	4,631	2,950	3,850	6,800	4,407	5,900	10,307
In Private Dwellings ..... (With friends or boarded out.)	1,965	2,453	4,418	2,394	3,103	5,497	2,732	3,906	6,638
Totals .....	8,077	9,875	17,952	12,238	15,455	27,693	18,892	24,051	42,943
Population of England and Wales (estimated)...	15,906,741			19,408,464			21,135,515		
Number of Pauper Lunatics and Idiots to Population .....	1 in 880			1 in 701			1 in 494		



I purpose to-day, to offer a few remarks for your consideration, on the care and treatment of the insane poor in the three places of maintenance in which we now find them, viz. :—

- I. *The Insane Poor in Public Asylums.*
- II. *The Insane Poor in Workhouses.*
- III. *The Insane Poor in Private Dwellings.*

The following table shows the relative proportions in which the insane poor are distributed in these three divisions in England and Wales, in Scotland, and in Ireland :—

*Table showing the Distribution per cent. of Pauper Lunatics and Idiots in England and Wales, in Scotland, and in Ireland, on the 1st of January, 1867.*

Where maintained.	In England and Wales of every 100 there are	In Scotland of every 100 there are	In Ireland of every 100 there are
In Public Asylums . . . (County and District, and Lunatic Hospitals.)	58·0	43·0	60·0
In Private Licensed Houses	2·5	10·0	6·0
In Workhouses . . .	24·0	18·5	34·0 (including gaols.)
In Private Dwellings . .	15·5	28·5	none.
	<hr/> 100·0	<hr/> 100·0	<hr/> 100·0

#### I. *The Insane Poor in Public Asylums.*

I begin my subject with a few remarks on the care and treatment of the insane poor in public asylums. I do not feel called upon from this place (nor does time admit) to enforce and illustrate the incontestable superiority of public asylums for the care and curative treatment of the majority of the insane poor to either workhouses or private dwellings. Yet in here recording the untold success which has followed the efforts of the legislature since 1845 to ameliorate the condition of the insane poor through the compulsory erection of county asylums—a success which led a recent Harveian orator to call the sight of one of our English county asylums ‘the most blessed manifestation of true civilisation that the world can present,’ I cannot refrain from adding my humble word of praise to the memory of one

Of the simple great ones gone  
For ever and ever by

to that of my revered friend JOHN CONOLLY, whose work of

freeing the insane from their restraint, and of thereby founding the English School of Psychological Medicine, preceded the legislation promoted by the Earl of Shaftesbury, and ensured the success of these enactments.\*

Dr. Conolly's four Annual Reports of the County Lunatic Asylum at Hanwell for 1839, 1840, 1841, 1842, still form the groundwork of our treatment of the insane poor in the English county asylums, while these asylums themselves—whose fame (I may be permitted to say) based as it is on the successful application of the English non-restraint system has gone forth into the whole civilised world, and thus brought rescue to the most suffering and degraded of our race—stand throughout this fair land imperishable monuments of the

\* "In June, 1839, Dr. Conolly was appointed resident physician at Hanwell. In September he had abolished all mechanical restraints. The experiment was a trying one, for this great asylum contained eight hundred patients. But the experiment was successful; and continued experience proved incontestably that in a well-ordered asylum the use even of the strait-waistcoat might be entirely discarded. Dr. Conolly went further than this. He maintained that such restraints are in all cases positively injurious, that their use is utterly inconsistent with a good system of treatment; and that, on the contrary, the absence of all such restraints is naturally and necessarily associated with treatment such as that of lunatics ought to be, one which substitutes mental for bodily control, and is governed in all its details by the purpose of preventing mental excitement, or of soothing it before it bursts out into violence. He urged this with feeling and persuasive eloquence, and gave in proof of it the results of his own experiment at Hanwell. For, from the time that all mechanical restraints were abolished, the occurrence of frantic behaviour among the lunatics became less and less frequent. Thus did the experiments of Charlesworth and Conolly confirm the principles of treatment inaugurated by Daquin and Pinel; and prove that the best guide to the treatment of lunatics is to be found in the dictates of an enlightened and refined benevolence. *And so the progress of science, by way of experiment, has led men to rules of practice nearer and nearer to the teachings of Christianity. To my eyes a pauper lunatic asylum, such as may now be seen in our English counties, with its pleasant grounds, its airy and cleanly wards, its many comforts, and wise and kindly superintendence, provided for those whose lot it is to bear the double burthen of poverty and mental derangement—I say this sight is to me the most blessed manifestation of true civilisation that the world can present.*

"This result we owe to the courage and philanthropy of such men as Pinel and Conolly. Pinel's large acquirements and practical intellect would alone have availed nothing; his first step would never have been taken but for the generous impulses of a feeling heart and courageous spirit. Conolly's experiment at Hanwell would have been foiled by opposition and discouragement, had he not been sustained by a spirit of earnest benevolence towards his unhappy patients.

"The spirit which animated these two men is the spirit without which much of the progress of practical medicine would have been impossible. For, however diverse may be the intellectual powers that find their several fit places in the study and practice of medicine, there is but one right temper for it—the temper of benevolence and courage; the temper in which Larrey invented the *ambulances volantes*, that he might bring help to the wounded under fire; the temper in which physicians have devoted themselves to the study of the plague and other infectious fevers; that same temper which has originated and sustained the highest Christian enterprises, and which ennobles any man who, possessing it, with an honest and true heart does his duty in our profession."—*The Harveian Oration, 1866, by George E. Paget, M.D. Cantab.*

statesman to whom they owe their origin, and of the physician who asserted the great principle on which the treatment within their walls is founded.

During the twenty years (1847-67) the Lunacy Act, 1845, has been in force, the number of beds in the county asylums in England and Wales has increased from 5,500 to 26,000. In 1847 there was provided in the public asylums accommodation and means of treatment for 36 per cent. of the pauper lunacy of the country; in 1867 we have advanced on this state of things, and provided for 60 per cent. of the whole pauper lunatics and idiots chargeable. During this period the total number of pauper lunatics and idiots has increased from 17,952 to 42,943, while in 1847 1 in every 880 of the whole population was a pauper lunatic. This proportion is now, in 1867, 1 in every 494. I do not attribute these numbers to any actual increase of insanity, but rather to the fact of the more accurate returns which are now made of the pauper lunacy of the country, and also in some degree to a number of persons in the lower middle class, successfully contriving to evade the restrictions of the Poor Law, in order to procure for their insane relatives treatment in the county lunatic asylums. This opinion of the absence of any positive increase in the lunacy of the country is further supported by the relative proportion of private patients to the population during the same period. In 1847, 1 in 3913 was certified as a private lunatic; in 1867, 1 in 3577.

Thus, I think I am justified in saying that we see the limits of our labours in providing for the care and treatment of the insane poor; and, further, that we have nearly gained the desired end. It is allowing a wide margin in our calculations for the future if we place the possible total number of pauper lunatics and idiots at 1 in 400 of the population. This would give on a population of 22,000,000 about 55,000 pauper lunatics and idiots.

Here the question at once arises, *For how many of these 55,000 pauper lunatics and idiots will public asylum accommodation be requisite?* The table I have given above shows the existing proportions in England, in Scotland, and in Ireland, in which the Insane Poor are divided between the public asylums, the workhouses, and the private dwellings.

In calculating the wants of the future it is at once necessary to determine whether this proportion in the distribution of the insane poor—the result of the last twenty years' experience—is a fair and proper one? My own opinion is that the English proportion is, on the whole, a fair standard, and that we may safely assume for our future guidance that the pauper lunatics and idiots (whom I place at the ultimate average of one in 400 of the population) may with due consideration of all their claims and requirements be thus distributed:—

*In Public Asylums, 60 per cent.*

*In Workhouses, 25 per cent.*

*In Private Dwellings, 15 per cent.*

And if, as we hope and believe, the population continue to increase, and if mental disease, as we fear it will for many generations, increase in proportion with the population, it must be remembered that wealth increases in a tenfold degree, and that it cannot be otherwise than the duty of a Christian government to charge on this marvellous wealth the cost of the care and treatment for those who have fallen by the wayside, poverty-stricken and mentally wounded in the strife. During the last ten years, for example, the rental in the county of Yorkshire, exclusive of the represented boroughs, has increased by one million and a half. Is it an unreasonable burthen on this increase to add another penny to the county rate to build—as the justices are about to do—two new asylums for the insane poor of this great county?

We should thus require, with a population of 22,000,000, 33,000 beds in the public asylums. Of these 26,000 are already provided. The problem then is not so difficult to solve as certain recent writers would lead the public to imagine. The machinery which has so successfully and to the satisfaction of all classes of the community, provided in twenty years the 26,000 beds may I think fairly be trusted to add 7,000 more to the number.

How best can these 7,000 beds be procured? First in order comes the question of the possible increase in size of the county asylums. Many years ago the opinion prevailed that 300 patients were ample for the care of one superintendent. This number has now gradually been allowed to increase to 600, and it is apparently still on the increase. If our public asylums were like those in Germany and consisted of two distinct establishments, the *Heilanstalt* and the *Pfleganstalt* (although there also this division is being by the force of events broken through), there could be no question whatever that 300 recent and acute cases of mental disease would tax the efforts of the most unwearied medical superintendent. But in estimating the fit numbers for an English county asylum it must be remembered, that these hospitals are of a mixed character and include a large proportion of incurable lunatics, whose treatment, speaking generally, is a matter of organized system rather than of individual observation. My own experience coincides with the general result arrived at by force of circumstances, that a county asylum with 600 beds may perfectly well be managed by one medical superintendent and under one authority. Indeed, I go further, and say that an asylum with 600 patients will in most points be better organized, at the same cost per bed, than a smaller one of 300. In asylums containing a large number of chronic cases I would even

allow that 800 patients might with the aid of two assistant medical officers be treated. Beyond this number I should be most unwilling to go. The experience of all larger asylums shows an increase of the average cost, and also, unquestionably, a decrease in the comfort and wellbeing of the patients, with a further increase of number.

The present average accommodation in the English county asylums is about 400. An average increase of from 200 to 400 beds in these asylums would then entirely solve the problem of public asylum accommodation for this generation. Possibly the lunatics of the future may attain their city of refuge in new Gheels; sufficient for our present purpose be the wants of this generation. Enlargements have been made in several asylums, owing to our progressive views of asylum architecture, to the manifest improvement of the original structure, as in the appropriating to the patients' use of the Medical Superintendent's quarters, the central chapel, &c., &c.; in others detached blocks have been built of a more domestic and inexpensive style. In either case experience has amply shown that these additions may be made for one third of the original cost; that is, while the average cost of asylum construction has been £170 per bed (including furnishing and every item), the alterations and enlargements I have spoken of have been completed at the Devon, at Chester, at Hayward's Heath, &c., from £50 to £60 a bed. A very desirable means of relieving the county asylum is one now in progress, viz., the building of separate borough asylums, such as Leicester, Norwich, &c., &c.; when, instead of these boroughs paying rent to the county asylum for the beds they occupy, they will without further cost have an asylum of their own, and have the entire control of all relating to their patients.

In larger and more populous counties, like Lancaster, Surrey, and Chester, a territorial division of the county has been adopted and which is much to be preferred, on the ground alike of proper management and economy, to the huge asylum extensions of Hanwell, Colney Hatch, and Kent.

## II. *The Insane Poor in Workhouses.*

On the 1st of January, 1847, there were 4631 pauper lunatics and idiots confined in the workhouses in England and Wales.

On the 1st of January, 1857, their number rose to 6800; and on the 1st of January, 1867, it had increased to 10,307. In 1847, they formed 25 per cent. of the total number of pauper lunatics; in 1857, 25 per cent.; in 1867, 24 per cent. Thus, although the total number of pauper lunatics chargeable has trebled during the twenty years 1847-67, the proportion of those confined in workhouses has not increased.

By the 111th section of the Lunacy Act, 1845, the Commissioners in Lunacy were authorised to visit (and report to the Poor Law

Board) all lunatics and idiots confined in the workhouses in England and Wales.

We have, in the '*Further Report of the Commissioners in Lunacy*,' a general statement of the position in 1847 of the insane poor confined in the workhouses. This was the first occasion on which any legal inquiry had been made as to the condition of the lunatic inmates of these houses. Considerable discrepancy prevailed in the numbers returned by the Poor Law Board, and those actually found by the Visiting Commissioners. The majority of these lunatics were idiotic and demented, but some of the severe and more recent forms of insanity were also met with by the Commissioners.

In 1859 the Commissioners in Lunacy published a detailed report on the condition of the lunatic inmates of workhouses.\* This report gave a most unsatisfactory account of their state and treatment. The state of these patients was also fully investigated by the Select Committee on Lunatics in 1859, and an effort was made in the *Lunacy Acts' Amendment Act*, 1862, to regulate the conditions under which pauper lunatics are now detained in workhouses. Thus section 20 provides, that no lunatic or alleged lunatic, shall be detained beyond fourteen days in a workhouse, unless the medical officer of the parish give a certificate in writing, that he is a proper person to be kept in a workhouse, nor unless the accommodation in the workhouse is sufficient for his reception. It is further provided by section 21 that a quarterly return shall be sent by the medical officer of the workhouse to the clerk of the union, who is required to forward copies to the Commissioners in Lunacy and to the clerk of the Visitors of the County or Borough Asylum. The 30th section gives the Commissioners in Lunacy power at their visits to send any pauper lunatics detained in workhouses to the county or other asylum without further order or certificate—a most valuable provision. The 37th section requires the Visiting Committee of the Board of Guardians to record, at least once a quarter in the visitors' book, such observations as they may think fit to make respecting the dietary accommodation and treatment of the lunatics or alleged lunatics in the workhouse, which book shall be laid before the Commissioners at their next visit by the master.

The Commissioners manage apparently to visit the 10,000 lunatics and idiots detained in the 688 workhouses in England and Wales at least once in three years; taking the 100 workhouses which have separate wards for the insane once a year, and the others at least once in three years.

On the 1st of January, 1867, the numbers had risen from 6800 to 10,307, and again the Commissioners in their last report furnish

\* '*Supplement to the Twelfth Report of the Commissioners in Lunacy to the Lord Chancellor.*' *Ordered by the House of Commons to be printed, 15th April, 1859.*

us with an insight into the present condition of these patients. The same fact is recorded that the insane in the small country workhouses, who are mixed with the other inmates, are generally in a favorable condition. Employed with the rest indoors, or in the garden and fields, and enjoying often some indulgences of diet, the idiotic and demented patients in these houses are placed in as favorable conditions of existence as can be expected, or as is necessary for their wellbeing. Likewise, in some of the larger town workhouses, where special lunatic wards have been arranged, the condition of the patients is very satisfactory. To this, however, there are marked and numerous exceptions in the workhouses in town districts, where the numbers of the insane poor are neither small enough for the domestic treatment of the country unions nor large enough for the asylum arrangements adopted in the large houses, and where patients requiring asylum treatment are detained without anything of asylum comforts, where there are cheerless rooms, insufficient and incompetent attendance, a low diet, no records of the simplest kind, and no provision whatever for healthful exercise of mind or body.

The Poor Law Board continue to evince the greatest solicitude for the welfare of the insane poor, and give their uniform support to the recommendations made by the Commissioners in Lunacy at their visits. The change, since 1847, in the condition of the insane poor in workhouses has been on the whole a progress. The guardians and medical officers take a more liberal view of their obligations towards these patients, and a more uniform practice has been enforced of sending the recent and acute cases at once to the county asylum for treatment, the most important point of all connected with the care and treatment of the insane poor.

The experience of the last twenty years places the treatment in the public asylums beyond all cavil or comparison with similar attempts in workhouses or in private dwellings, alike for all cases of recent mental diseases, and for the majority of those of chronic mania and dementia, with their natural complications of paralysis, softening of the brain, epilepsy, &c. With every desire to reduce the numbers of the insane poor requiring the accommodation of the county asylums, I do not think, as I have already said, it can ultimately be placed at less than 60 per cent. of the total number of pauper lunatics and idiots. All efforts to reduce this number by sending back cases of chronic mental disease to the workhouses, as has been done in numerous asylums, has resulted in a lamentable failure, and in the return of the patient, after a limited time, with a marked increase of his disease. This is so far evidence in favour of the present English standard of the proportion of the insane poor (60 per cent.) requiring asylum accommodation, and that we do not (as has recently been often asserted) indiscriminately and without

necessity, sequestrate the insane poor. This is a point on which I am disposed strongly to insist.

Yet, on the other hand, experience leads me to say that the aged, imbecile, and demented lunatics prefer the workhouse to county asylums, partly from the greater freedom from discipline (from enforced order and cleanliness, baths, &c.) which they enjoy, partly from the association with sane persons there instead of the insane, and partly because it is situated nearer their own parish and family. It may be a want of judgment and taste, but the truth certainly is that the insane poor who are sufficiently sane to argue the point, the aged, the infirm, the epileptics, the imbeciles, &c., are constantly asking to be sent back to the union. I am sure the experience of the medical superintendents of our large asylums will confirm this fact.

I would say, speaking generally, that 25 per cent. of the pauper lunatics and idiots chargeable may, with great relief to the wards of the county asylum, and with satisfaction to themselves and their friends, be kept under proper restrictions in the workhouse. The mixing there with persons of sound mind is a comfort much appreciated by this class of patients, as also the greater freedom, the facility of visiting old friends and associations and such like. In country districts, the workhouses would thus prevent the constant tendency to the accumulation in the wards of the county asylums of harmless and incurable lunatics. A similar relief was contemplated in, rather a different way by the 8th section of the Lunacy Acts' Amendment Act, 1862; but the wording of the clause is so obscure that the Attorney and Solicitor-General advised in May of this year "that further legislation is needed, in order to define more clearly the true position of chronic lunatics removed to workhouses, and of the visitors, guardians, and others with respect to their lunatics."

When by such high authority further legislation on this point is stated to be necessary, I may perhaps be permitted to say, that in order to place the arrangements for the care and treatment of the insane poor in workhouses on a satisfactory and permanent basis, it is above all things necessary that one system and authority should regulate the same.

Parliament has already in theory confided the charge of the insane poor to the Justices of the Peace, under the supervision of the Commissioners in Lunacy. I would urge that this theory be put in practice. To this end I would suggest:—

1. That it be illegal to detain any lunatic or idiot in a workhouse without the same medical certificate and a justices' order, as is requisite for admission into the county asylum, and that copies should be transmitted by the clerk of the union to the Commissioners in Lunacy, and to the visitors of the county asylum.

2. That the visitors should depute the medical superintendent, or



one of the medical officers of the county asylum, to visit the workhouses in the county at least once a year,\* to arrange for the interchange of suitable cases, and to report to them on the condition and treatment of the insane inmates; such report to be submitted to the Sessions, with the document relating to the management of the county asylum.

3. That the case books and statutory records of the workhouses, so far as relates to the care and treatment of the insane poor, be assimilated to those in use in the county asylums.

Similar provisions were long ago recommended by the Earl of Shaftesbury in the speech (6th June, 1845), in which he introduced the Lunacy Act, 1845, into the House of Commons:—

“In erecting (he said) new asylums, and providing farther accommodation where it is required, regard should be had to the proportion of curable and chronic lunatics, I purposely avoid the use of the term incurable. Separate buildings, I propose, should be provided for chronic lunatics at a less cost, and *parts of the workhouses, with the consent of the Poor-Law Commissioners, may be adapted, in which case they are to be separated from the other part of the building, and to be deemed county asylums.*”

Placed on this footing, the workhouses might in the majority of the country districts become valuable means of relieving the overcrowding of the county asylum, and, where the workhouses cannot be used for this purpose, there is no doubt that auxiliary asylums of an intermediate character between the workhouse and the asylum, as recommended by the Commissioners in their last report (1867), might be built and fitted for about £80 a bed. Such auxiliary asylums would even more efficiently relieve the overcrowding of the county asylum, and could be conducted as economically as the lunatic wards of the workhouses.

For London and Middlesex the *Metropolitan Poor Act* 1867 provides district asylums for the reception and relief of the insane poor. I believe there are about 3000 insane inmates of the metropolitan workhouses for whom provision is thus to be made, and a considerable number of the inmates of Hanwell and Colney Hatch might yearly be drafted into these district asylums as they pass into the chronic and harmless stages of the disease. Such district asylums would essentially resemble the German *Pfleganstalten*, or houses of care, as opposed to the asylums or hospitals for cure. They ought not to contain more than 1200 beds each. Their construction should be of the most simple kind; probably detached three-storey

\* This would occupy about a fortnight off and on in the year, and would form a healthful change of work, and be alike beneficial to the medical superintendent and to the inmates of the Unions whom he would visit. Of course this arrangement implies the presence at the county asylum of one or more assistant medical officers—a point much insisted on by the Commissioners.

buildings, with dormitories and dayrooms on the pavilion principle, will be found the best method of construction.

The act provides for the election of an independent board of management, partly chosen by the vestries, partly nominated by the Poor-Law Board, to whom great authority for the erection and subsequent conduct of these district asylums is entrusted.

Connected with this division of my subject is the question of the care and treatment of the idiot children of the poor. Of the 40,000 pauper lunatics and idiots in England and Wales, 10,000 are idiots from birth. These idiots are maintained partly at home, partly in the workhouse, and the more hopeless and troublesome are sent to the county asylum. As every experienced superintendent will admit, nothing can be more detrimental to their chance of improvement than to place these congenital idiots in the wards of a lunatic asylum; still more unsuitable are those of the workhouse. In the private dwellings of the poor the difficulties are even greater. The treatment of lunatics and of idiots is distinct in principle and in practice, and they cannot be dealt with under one system. The remedy lies in the establishment in the several districts of England of idiot asylums. Probably one for each of the eleven poor-law districts would suffice.

By extending the provisions of the lunacy acts to the erection of these idiot asylums, and to the cost of maintenance there, no new machinery would be requisite. It needs no words of mine to urge the claims of the idiot—*of those who cannot plead for themselves*—to a share of the gifts of fortune and of healing which have been so richly poured on this generation. We have already at Earlswood a model idiot asylum, and marvellous proof, what wise treatment can effect to the amelioration of this sad affliction. An idiot asylum with 400 beds in each of the eleven poor law districts, and which might be built at £80 a bed, would amply meet this pressing want, and so far lessen the per-centage of pauper lunatics and idiots requiring care and treatment in the county asylum, in the workhouse, and at home.

### III. *The Insane Poor in Private Dwellings.*

In England and Wales 15·5 per cent. or upwards of 6000 of the insane poor are boarded out, chiefly with their relations, under the authority of the Boards of Guardians and the certificate of their medical officer, but without any magistrate's order to legalise their detention. A quarterly list of these patients by the medical officer of the district, stating the form and duration of the disease, and the date of his quarterly visit, &c. &c., is sent by the clerk of each union to the visitors of the county asylum, and to the Commissioners in Lunacy. They are chiefly cases of congenital idiocy and de-

mentia. The allowance for their maintenance averages 6d. a day. No official inspection of their condition is made by the Commissioners in Lunacy, and the little that is known of their condition is not encouraging as regards the extension of the present system.

In Scotland there is an excess of thirteen per cent. on the English proportion in the number of pauper lunatics treated in private dwellings. These numbers tend, however, towards a steady decrease. Thus, while in the last eight years there has been an increase of 969 pauper patients placed in public asylums, there has been a decrease in the same period of 216, or thirteen per cent. in the number of those treated in private dwellings. Another such eight years' experience would bring the proportion of cases, thus treated, down to the English average.

In Scotland, where this system has been highly lauded and offered for an imitation as the remedy in all our difficulties, the care and treatment of the insane poor in private dwellings is carried out under the official authority and inspection of the Lunacy Board. Insane paupers may there either be boarded singly in a labourer's cottage, or these cottagers may procure (without fee) a license from the Lunacy Board\* to receive patients to the number of four. The average parochial allowance for lodging and maintenance is sixpence a day—about the same as in England. The guarantees† provided for the protection of the subjects of these humble lay speculators in lunacy are a quarterly visit by a medical man, a half yearly visit by an inspector of poor, and an annual visit by one of the deputy commissioners, unless in Orkney or Shetland, or in the Western Isles, where this official visit is paid once in two years. According to Dr. Mitchell,‡ the great majority of pauper patients in private dwellings consist of “*the fatuous and the idiotic, that is, of mindless persons whose appreciation of liberty cannot be great or strikingly shown*,” and patients in this condition (he reports) should always, in his opinion, constitute the majority of single patients. I think the existence of the system is condemned by this official admission. The demented and the idiotic (*mindless persons*) cannot complain. They neither remember the restraints placed on their liberty, nor the neglect and want to which they may have been subjected. Their power of contributing by their labour to the income of those to whom they are farmed out is small. There is little in the Scotch practice but the sixpence a day between them and neglect and want. The amount of official inspection they receive cannot be worth much. I would just ask you to recall the demented and fatuous inmates of one of our county asylums, with their depraved habits and

\* 25th and 26th Vict., cap. 54, § 5.

† ‘Ninth Annual Report of General Board of Commissioners in Lunacy for Scotland, 1867.’

‡ ‘General Reports on Lunatics in Private Dwellings, 1867.’

many wants, and to remember the daily, hourly care required to keep them decently clean, and to retain some faint image of humanity and civilisation around them, in order to realise what their condition must be when all the costly remedial agents of the asylum are once withdrawn. It needed not the graphic detail given by the writer of an oft quoted paper, 'Gheel in the North,'\* to realise how far removed from sober truth are the pictures of rural bliss—of the demented and mindless patient in the quiet enjoyment of the ever-shifting busy scene in the cottage kitchen, and of the freedom and kindly guardianship there enjoyed—which are yearly chronicled in the appendix to the Scotch lunacy commissioner's reports.

The principle asserted by the Lunacy Act of 1845, that the insane poor should not be the objects of financial speculation, but that they should be maintained and treated at the public charge, has been throughout consistently adhered to by the English commissioners.† The recent practice of the Scotch commissioners in licensing private pauper houses of three or four inmates to ignorant and needy persons is a retrograde step in the care and treatment of the insane which I think we shall all condemn.

I cannot then cite the theory or practice of the Scotch Lunacy Board, in perpetuating the practice of farming out for profit, singly or in parties of four, to the care and treatment of the peasantry, the insane poor as one at all worthy of farther consideration on our part. The pressure on our English asylums will not, I am sure, so far as the English Commissioners in Lunacy or the Justices in Quarter Sessions are concerned, be relieved by the re-introduction in this most objectionable form of the principle of lay speculation in pauper lunacy.

While thus condemning entirely the Scotch practice of boarding the insane poor with the peasantry in the villages throughout the country, I am very far from asserting the opinion that all the insane poor without exception ought to be treated in the county asylum or in the workhouse. A certain proportion (I have placed it at 15 per cent.) might, with increased enjoyment of life, be restored to their own families, were suitable provision made for their care and maintenance. As medical superintendent of a large county asylum I am weekly receiving applications to allow patients to return to their

\* "Gheel in the North."—'Journal of Mental Science,' July, 1866.

† "If to this estimate of the most recent additions to the public accommodation provided for pauper lunatics we apply the ratio of increase in the number requiring accommodation observable during the last year, some conclusion may be formed as to the period for which these additional beds are likely to be found sufficient to meet the constantly increasing wants of the country, and how far they will tend towards the object we have sought most anxiously to promote ever since the establishment of this Commission, namely, the ultimate closing of Licensed Houses for Pauper Lunatics."—'Twelfth Report of the Commission in Lunacy to the Lord Chancellor, 1858.'

homes, and though many of such cases are unfit to be discharged, others certainly might under proper restrictions be so restored. What is required to give this plan a fair trial is some simple organisation connected with the county asylum, similar to the permissive powers which now exist of allowing patients to be temporarily absent on trial, with a weekly allowance. Were this permissive power converted into a permanent system of home treatment for the insane poor, great comfort would result to many families in having their afflicted loved ones again with them.\* If the visitors of the county asylum had the power of boarding with their relatives, at an allowance not exceeding the asylum maintenance rate, patients selected for this home treatment, many applicants would be found, and the confidence of the poor in the authorities of the asylum would be greatly increased. The only machinery necessary would be to add a relieving officer to the staff of the asylum, for the purpose of making a periodical visit and payments to these patients. The medical practitioners in the district should be employed to make a quarterly medical report to the visitors, and in exceptional cases further visitation could be made by the medical officers of the county asylum. The certificates remaining in force throughout the whole period, the patients could, without further delay or trouble, be brought back to the asylum in any case of relapse or other necessity.

Such a plan would ultimately supersede the present system in England of boarding the insane poor in private dwellings under the authority of the boards of guardians ; a system, although embracing 15 per cent. of those chargeable, of the working of which very little appears to be known, and that little, I fear, not much to its credit.

To pass here from these general statements to a little further detail, I would take the county of Sussex, with which I am officially

\* "I cannot but think that future progress in the improvement of the treatment of the insane lies in the direction of lessening the sequestration, and increasing the liberty of them. Many chronic insane, incurable, and harmless, will be allowed to spend the remaining days of their sorrowful pilgrimage in private families, having the comforts of family life, and the priceless blessing of the utmost freedom that is compatible with their proper care. The one great impediment to this reform at present lies in the public ignorance, the unreasoning fear, and the selfish avoidance of insanity. When knowledge is gradually made to take the place of ignorance, then will a kindly feeling of sympathy for the insane unite with a just recognition of their own interests on the part of those who receive them into their houses, to secure for them proper accommodation and good treatment. Then, also, will asylums, instead of being vast receptacles for the concealment and safe keeping of lunacy, acquire more and more the character of hospitals for the insane ; while those who superintend them, being able to give more time and attention to the scientific study of insanity and to the means of its treatment, will no longer be open to the reproach of forgetting their character as Physicians, and degenerating into mere house stewards, farmers, or secretaries."—*The Physiology and Pathology of the Mind,* by Henry Maudsley, M.D. Lond.

connected, and therefore best cognisant. The population of the county, according to the last census, and corrected to July, 1866, is 377,180. The total number of pauper lunatics on the 1st January, 1867, was 837, or 1 in 450 of the population. They were thus distributed:—

	Male.	Female.	Total.	Per Cent.
In the County Asylum at Hayward's Heath . . . .	236	294	530	63·3
In Workhouses . . . .	76	99	175	21·0
Living with Friends . . . .	51	64	115	13·7
Boarded out in Private Dwellings . . . . .	9	8	17	2·0
Total . . . . .	372	465	837	100·0

We shall have at the county asylum about 700 beds when the alterations in progress are completed, and the entire plan for the enlargement of the asylum provides 800 beds, viz. 350 male, and 450 female. The original building, fitted and furnished for 450 patients, cost £175 a bed. The extensive enlargements and alterations to adapt it to 800, will, while materially improving the building and the facility in working, be carried out, including furnishing, for £60 a bed.

If, allowing for increase of population in the next twenty years,\* we place the inhabitants of the county at 500,000, we should, taking 1 pauper lunatic and idiot to every 400 of the population, have in this period a total of 1250 to provide for. On the standard which I have taken, of 60 per cent. requiring asylum treatment, 25 per cent. workhouse accommodation, and 15 per cent. being placed in private dwellings, we should have a population of 750 at the county asylum, 300 to be maintained in the workhouses, and 250 to be boarded in private dwellings with their friends. This, it is evident, is allowing a wide margin in our estimate, both as regards increase of population, and of the number of pauper lunatics and idiots chargeable, which I hardly think can, even under any likely circumstances, exceed 1 in 400 of the population.

We shall be able to receive the 750 at the county asylum. There can be no great difficulty in finding proper accommodation for 300 in the twenty-five workhouses in the county, and I believe that 250 families may be found, able and willing to undertake the care of their insane relatives, under the arrangements which I have just sketched.

\* In 1851 the population of the county of Sussex was 336,844, and in 1861 363,735, being an increase of 26,891 in the decennium. I am allowing in my calculations a possible increase of 137,265 in the two decenniums.

You will thus see that I take a hopeful view of the future, as it relates to the care and treatment of the insane poor. The difficulties which beset the path of the early asylum reformers, have gradually yielded to the progress of wiser and more humane sentiments, and it is only matters of detail that now remain for us to arrange in order to complete and consolidate the working of the system inaugurated by the Lunacy Act, 1845, and already brought to so successful an issue by the united labours of the Commissioners in Lunacy, and of the Visiting Justices and Medical Superintendents of the English county asylums. I have thought that the opportunity which this day has given me would not be unwisely used in reviewing, aided by the experience of the past twenty years, the several details of this system as they relate to the present and future treatment of the insane poor.

*On Monomania, and its Relation to the Civil and Criminal Law.*

By HARRINGTON TUKE, M.D., M.R.C.P., Honorary Secretary to the Medico-Psychological Association.

*(Read at the Annual Meeting of the Medico-Psychological Association, held at the Royal College of Physicians, July 31st, 1867.)*

MR. PRESIDENT AND GENTLEMEN,—The fact of my having been frequently summoned as a medical witness in the civil and criminal courts of justice, in cases in which monomania has been alleged to exist, and the examination of the evidence in two recent and important cases of disputed wills induces me to bring under the notice of the Medico-Psychological Association the present practice of the Courts in relation to monomania, and to attempt a concise description of this form of disease for consideration and discussion.

I believe that much misapprehension has arisen and much mischief has ensued from the fact that some medical authors entirely ignore, and others vary in their acceptance of the well-known term monomania, which, although of recent date and erroneous meaning, is constantly used by our law writers, and has become ingrafted in the popular language of all the great countries of Europe.

✓ We owe the first introduction of the word "monomania" to Esquirol, and although it is interesting to trace the process of reasoning by which he arrived at the necessity of a new term to supersede melancholia, yet we must recognise it as unfortunate that he should have coined one so etymologically incorrect, and so much at variance with the true description of the malady he intended to define.

The ancient physicians divided the insane into two great divisions: from the leading symptoms presented by the frenzied and distraught, they called one form of disorder *mania*; from a belief as to their exciting cause, they classed all other forms of insanity under the one generic name *melancholia*. The division thus made by these acute observers, although erroneous pathologists, is exactly equivalent to describing the disease as constituting a complete or a partial insanity, and in that sense the words were understood. It is not necessary to detain you with any attempt at proving this to have been the case; but the instance of monomania familiar to us all, as mentioned by Horace, and the forms of unsoundness of mind which Aretæus has described, demonstrate that melancholia was the term applied to those forms of insanity in which the patient was still to some extent in the possession of his reasoning power. In later years the term *melancholia* became significant of the existence of gloomy and distressful impressions, and in this restricted sense it is employed by Celsus, who does not, however, give any name to the remaining forms of melancholia, or reasoning insanity, thus deprived of their distinctive title. Esquirol, in his nomenclature of mental disorders, adopted the division of Celsus, and divided melancholia, as that writer had done, into two principal divisions. The one he called lypemania, the insanity of grief, the *atrabilis*, or true melancholia of Celsus; for the other he ventured to do that from which Celsus shrank, and coined the new word "monomania."

The mischief done by this ill-chosen word became almost immediately apparent; and Esquirol himself, with the vanity of a neologist, in a note to one of the later editions of his work, drew attention to its first development, without noticing the error he had himself induced. He says, "the French Academy have done me the honour to adopt this word (monomania) into its dictionary." He does not say that they define it as describing a disease in which one delusion only is present; translating, in fact, *monomania*, but of course being in utter ignorance that such a disease is one which may be theoretically possible, but, as far as I know, has never yet been seen, and is certainly not stated to exist, even by the inventor of the term. On the authority of the French academy, the word monomania, however, became popularised, and has since been freely used as implying the existence of a delusion upon one subject. I speak in the presence of many of the first and most experienced psychologists of Great Britain; and I believe they will concur with me in the opinion that such a monomania is practically an unknown malady. Esquirol himself is careful to define monomania, in a sense entirely subversive of its etymological meaning; he describes it as involving *one or a limited number of delusions*; and with further inconsistency he implies that these delusions must be all of a cheerful character, although there can be no reason why monomania, under his own-



definition, should not involve the most sad and depressing delusions. The American writer, Dr. Rush, has appreciated this difficulty, and has divided partial insanity into two divisions, to the first of which he has given the far more distinctive appellation of *tristomania*, marked by sad delusions; the second he calls *amenomania*, characterised by lively and cheerful excitement. The more etymologically correct nomenclature of Rush is forgotten, the *lypemanía* of Esquirol absolutely ignored, but *monomania* is still in general acceptance, although it expresses a disease that does not exist, and translated literally can only lead to error. It is not surprising, then, to find that many of our writers do not employ it at all; that it is not found in our records or case-books; that some, as our late president, Mr. Commissioner Brown, define it as an insanity embracing a group of symptoms arising from disorder of some special faculty of the brain; that others confuse it with moral insanity; and that judges, lawyers, and juries, find themselves perplexed by the use of a term by medical men which means so much more than its etymological signification; so very much more than its popular acceptance. I would specially insist upon the importance of this last error. There is no greater mistake that juries or judges can fall into than imagining that monomania in a patient can exist, and at the same time perfect sanity upon other subjects can be safely assumed; and yet this error is the most common of all.

A purist in language must of course decline to use the word monomania as meaning anything else than a belief in a single delusion; but as monomania has become an acknowledged word, and new terms in science are not often useful, it will be well to retain it, only assigning to it a wider significance. I only attempt a definition of *monomania* that may accomplish this purpose, in the hope of eliciting from some of the many psychological physicians I see around me some suggestion that may render my definition less imperfect, and as much as possible in accordance with our individual experience and observation.

*Monomania is a disease of the brain in which delusions, or erroneous impressions, with morbid states of feeling, exist on one or more subjects, while on others the intellectual powers remain apparently uninjured.*—It will be objected to this definition that it requires disease of brain to be admitted; delusions or erroneous impressions may arise from other causes, and therefore declaring monomania to be disease of brain, and disease of brain, monomania, is arguing in a circle. I have considered this objection, and demur to its validity. It is true that a delusion may arise, or an erroneous conviction be persisted in, while the brain is healthy. In such a state were the people of whom the apostle spoke as being under "delusion," they "believed a lie;" such is the state of the believers in the ghostly power of Hume, and in the supernatural wonders of the Davenport

brothers. But in the monomaniac there must be disease, and that disease will be indicated by the very nature of the delusions, or by the general medical history of the case. The want of attention to the possible existence of erroneous belief, or even of absurd fancies, with perfect sanity, led to the mistake of the two physicians who declared, or who are said to have declared, their belief in the insanity of Luther : it was a mistake excusable enough when speaking under the pressure of severe cross-examination ; but how great a mistake it is, and how unconsciously it may be committed, was curiously illustrated by a well-known professional writer in the ' Pall Mall Gazette,' who, coming to the "rescue," as he calls it, of Luther, in effect admits that he should have thought that "distinguished ecclesiastic," as he oddly styles him, to have been insane, if he had still persisted in his asserting that he had seen the devil after the writer had examined him, and had by argument shown the folly of his belief!! The story itself is apocryphal : but, assuming that Luther said, and persisted in saying and thinking, that he had seen the devil, it by no means certainly indicated insanity ; nor would persistence in such belief make any difference : the whole tenour of the Reformer's life proved his mental soundness ; his vision was the result of an overworked brain, his conviction of its reality was consistent with his deep religious feeling, his ascetic devotion, and with the superstition of the age. There was as much and no more insanity in the honest belief of Wesley and his chaplain that the prayers of the former had instantly calmed the sea, or the fixed impression of Dr. Samuel Johnson that he heard his mother call him "Sam," she being then at Lichfield and he in London. But if we contrast this with the really monomaniacal, we meet at once the evidence of disease : thus, Swedenborg we might possibly conceive to have been sane when he fancied he had seen angels and spirits. We recognise illusion or hallucination, and that they alone do not prove brain disease ; but we know him to have been mad, when we find him writing and publishing wicked lies about the Society of Friends, which he gives upon the authority of the said angels, without the slightest consciousness of the incongruity and folly of quoting such beings as uttering falsehoods and absurd scandals. On this subject, his reasoning power has left him.

There are some delusions so gross, that they at once indicate disordered brain ; as when a man states himself to be the rightful king of England, or says that his head is only a tin-pot. In minor delusions the question of disease must be determined by the physical symptoms, by the general history, or by the change in the manner and morals of the subject of examination ; on this point two great lawyers are singularly correct and clear. Sir H. J. Fust, in the case of *Mudway v. Croft*, quoted with approbation, and applied to the case before him, the opinion of Dr. Ray,

p. 55 (Shelford), "It is the prolonged departure without an adequate external cause, from the state of feeling and modes of thinking usual to the individual when in health, that is the true feature of disorder of mind." Again, Lord Lyndhurst in one of his judgments says, "in monomania, the mind is unsound; not unsound in one point only, and sound in all other respects, but this unsoundness manifests itself principally with reference to some particular object or persons."

With these dicta it would seem that monomania being proved in any case, either by absurd delusion, by physical symptoms, or by a combination of mental, moral, and affective morbid changes, the decision as to the incapacity, of monomaniacs to make a valid testamentary disposition of their property, would be easily arrived at; but, unfortunately, this is not so; juries are too apt to think for themselves, and to despise that which they believe to be the view of a mad-doctor; and, for the reasons I have already given, the definitions of monomania lead to error, inasmuch as they assume sanity upon points not connected with the delusion. Chief Justice Hall defines partial insanity as importing that a person is insane on one or more important points *and sane in all other respects*; exactly contradicting Lord Lyndhurst. Therefore, in the civil courts, it is no uncommon thing for hours to be taken up in reading to the jury the letters of an undoubted monomaniac, with the result of convincing the jury that the writer is perfectly responsible, or has full possession of his faculties, although any one accustomed to observe monomania would be prepared to find even acuteness of intellect in many cases of serious brain-disorder in which partial insanity was demonstrable. It must, of course, be admitted that the border line between the delusion or erroneous impression of a sane, and those of an insane brain, is very difficult to define; but it is obvious that this difficulty has arisen, or, at least, been much increased by the principal test, the presence of disease, being so much ignored; it is forgotten that monomania is only a symptom, it is not the disease itself; and just as a fast pulse does not prove fever, so a delusive impression does not always indicate brain disorder. The question as to whether a case of admitted eccentricity of thought, or extraordinary actions, or strong and even erroneous religious or hypochondriacal impressions, may or may not be one of monomania; that is, may not constitute a form of brain disorder which renders the sufferer irresponsible or unable to manage his affairs, seems to me to be almost entirely a medical question, and in its examination I would dwell specially upon the following points for consideration in cases of alleged monomania:—

1st. Are there any morbid or other physical symptoms that may primarily or secondarily affect the organ of thought and volition? Is there strong hereditary tendency to insanity? Have fits or convulsions appeared, for any of these in addition to a monomania, even

of a slight description, would go far to indicate organic brain disease.

2nd. Is the monomania itself of such a character as to be obviously a symptom of disordered brain? or is it associated with ideas or actions inconsistent with the education, and position, and former conduct of the monomaniac?

3rd. Are there any, and what changes in the affective faculties? have there been changes in the moral conduct, aversion to those formerly dearly loved, or irrational behaviour, which, though in themselves trivial, become important when taken in conjunction with intellectual aberration?

4th. Is the will that has been made unjust? or the trust deeds executed absurd? or the recent marriage ridiculous? or the libel cruelly promulgated, unprovoked, or unaccountable? The "factum" as the lawyers call the provisions of a will, in itself is often the strongest indication of insanity. And here let me observe that, often as I have heard the jury in such cases charged by the judge to consider the necessity of upholding the will of a deceased testator as a solemn document, which they should respect, as they would wish their own wills righteously carried out, I have frequently listened in vain for the admonition that apparent justice to the dead may be the greatest injustice to them and to the living also. Which of us would not wish, should an inexplicable monomania attack him, and at his death his will should leave his property to keep cats, and his intestines to be made into fiddle-strings, that the condition of his mind should be medically investigated, and those nearest and dearest to him not left to the tender mercies of juris-consults who know nothing of mental or physical disease, and who, in deciding the validity of his will, would seriously consider whether such monomania was or was not consistent with a disposing power.

Of course, in thus arrogating for the profession of medicine so great a responsibility, I am aware that there is much to be done before medicine can take the place it ought to hold in our law courts. It is not now the time to discuss medical evidence; I would only suggest the paramount importance of educating medical men to some knowledge of mental disorders, and training all to the habit of careful and logical reasoning. Our procedure, also, as to consultations before giving evidence, and the advisability of having one expert always appointed by the court, are subjects of grave importance in the consideration of this question.

If, however, the procedure in the civil courts is sometimes contrary to recognised scientific truths, the criminal courts show a still more lamentable variance in their decisions. The introduction of the question as to the existence of a "disposing power" in monomania, is a trivial mistake to that which condemns the monomaniac to the scaffold, upon the hypothesis that though insane he knows right from

wrong. The course of the legal proceedings in cases of insanity in which homicide has been committed seems to depend very much upon the individual judge, and not upon any fixed law. I am aware that this is a strong assertion, but let me illustrate the proposition, and judge yourselves of its truth. One judge is reported as saying: "Is there any necessity, Mr. Attorney-General, after this (medical) evidence, to carry the case further;" and the prisoner is acquitted. Another judge said recently, "I don't consider the prisoner in a state to plead," and at once took the jury's opinion as to whether the culprit was insane or not. A third judge, in my hearing, informed the counsel, who was about to open a defence upon the ground of insanity, that the question he (the judge) should put to the jury, and to which he advised the counsel to speak, was not the insanity of the prisoner, but his knowledge of the difference between right and wrong: and that this issue only should be put to the jury.

I have never heard a counsel bold enough to venture upon the doctrine of the possibility of a disorder of volition, although it is known so well to us all that intellectual disturbance is so frequently accompanied by deranged impulses and uncontrollable propensities. But this is a negative fault in the law; there is another and more extraordinary proceeding of frequent occurrence. One judge, having almost compelled a jury to find a verdict of guilty, will, upon his own belief that there is some lurking delusion in the prisoner's mind, write privately to request a further inquiry, or ask for a remission of his sentence; while another judge, rigid in his own view of the law, will allow a monomaniac to be hanged, in spite of earnest and repeated representation of the uselessness and cruelty of the proceeding. In such cases the prisoner is not tried by a jury, but by the judge, is not condemned by the law but by the Home Secretary. One remedy seems to be patent for these cases—abolish altogether the punishment of death. The inconsistency of the legal course is rendered obvious in another way. Homicides already certified lunatics are always removed from the asylum to prison to await their trial; and yet we hear that, at the last assizes at York, a prisoner having become insane, has been removed from prison to an asylum, and therefore cannot appear! I will not dwell upon the error, and sometimes cruelty, of trying and condemning to death or lifelong imprisonment the unfortunate victims of puerperal monomania who have killed their children. It may be state policy—it may, indeed, be necessary—that infanticide should be severely dealt with; nevertheless, it is our duty to say boldly that law in these cases may not be justice; the teaching of medical science and the experience of physicians should be called in to avert the punishment of a crime so frequently the result of physical disease.

With regard to minor offences, the law is again in a most unsatisfactory condition. There seems to be no fixed rule to guide judges

or magistrates. In one case, a man charged with assault, and whom I examined at Pentonville Prison, was not brought to trial because insane; again, an insane gentleman, whom I found undergoing imprisonment in a county jail, and very resignedly picking oakum, had already been brought to trial and condemned; and in a third case, one of forgery, by a man whom I had stated to be suffering under brain disease, the judge, to my astonishment, in his charge to the jury, informed them that if they believed me the gentleman would be confined, perhaps for life, as a criminal lunatic, whereas, if found guilty, he would have only a short imprisonment. I may as well mention that the jury, in this case, solved the legal difficulty by finding the prisoner "not guilty," and, acting on the judge's hint, said nothing as to his insanity.

In defining monomania then as essentially a disease of brain, it would seem to result that all wills made by monomaniacs must be considered invalid; and that for all acts done by them they must be irresponsible. My argument would hardly go so far. It is by no means necessary that all sufferers from chronic or acute brain disease must necessarily die intestate; let the validity of the wills in question be tried before a jury, and if found reasonable, let presumption of a lucid interval be fairly laid before a jury or a competent arbitrator. The provisions of the will would afford the strongest evidence of the capacity of the testator. I take it, that alienation of property from relatives, that sudden and causeless testamentary changes, that codicils hurriedly added, would hardly be admitted as valid where medical evidence strongly proved the testator's brain to have been diseased. Opposition to a perfectly fair and rational will would be undertaken at the peril of the opposer, who would, however, have an easy task where the medical evidence was strong and the will itself strange, capricious, and unfair.

The admission of the possibility of a monomaniac making a will that may consistently with justice be considered valid may seem to involve the admission of the criminal responsibility of those suffering under brain disorder, and to a certain extent it clearly does so; I can see no reason why the monomaniac who is so far well as to be able to enjoy his freedom and exercise his civil rights should not be responsible for minor offences unconnected with his special delusions, otherwise all monomaniacs should be confined, which would be cruel and indeed impossible.

I would punish the monomaniac not to revenge any wrong he may have done society, but to prevent other monomaniacs from imitating, or himself from repeating, his offence. Carefully examining the objects and mode of proceeding of the criminal, it would rarely happen that any injustice could be done. The semi-insane, if allowed to be at large, must feel the necessity of self control, and they often can and do exercise it; it is a false philanthropy that

would excuse all monomaniacs from punishment, because such impunity must involve a punishment still more severe; for if monomaniacs are to be irresponsible they must all be confined or restrained.

To sentence a monomaniac to minor punishments seems to me to be possibly justifiable upon grounds of public policy, but to hang a lunatic involves, in my opinion, the commission of an absolute crime, and nothing I have said as to his responsibility for minor crimes can excuse such a sentence, supposing that the convict is of unsound mind. For not any man can swear that at the moment of the act the prisoner knew right from wrong, nor can any jury decide that his crime was unconnected with his lunatic impression. The disease of brain must lead to doubt, and of that doubt by English law and by common justice the prisoner should have the benefit.

I have to apologise to you, sir, and to the members of the Association for taking them over ground that must be so familiar to them; but I have tried to show that lawyers differ as much or more than doctors: thus the law is as uncertain as medicine is thought to be. The remedy for all this is careful, deliberate, and public discussion of disputed points; and I believe that our Association can be made instrumental in rendering essential service to medicine and the law, if the collective opinion of its members upon such questions as those I have brought before them to-day could be elicited and recorded; carrying, as it would, the weight of the practical experience and long study of so many men of high reputation in the special branch of medicine to which they have devoted their attention.

*On the Insane Poor in Middlesex, and the Asylums at Hanwell and Colney Hatch*, by JAMES G. DAVEY, M.D. St. And., M.R.C.P.L., late Medical Superintendent of the Middlesex Lunatic Asylums at Hanwell and at Colney Hatch, &c.

(Read at the Annual Meeting of the Medico-Psychological Association, held at the Royal College of Physicians, July 31st, 1867.)

THOSE of us who have kept our attentions directed to the insane poor of Middlesex—to say nothing of outside counties—must have been struck with their largely increased and increasing numbers year by year. Whilst it is a high source of satisfaction to us to know

that there are diseases, neither few nor far between, which it is in our power to very materially modify and diminish, if not entirely to eradicate—whilst, in other words, typhus and cholera and other bodily ailments succumb, in so material degree, to light, air, and water—it must be and is with deep regret we are compelled to confess our inability to contend, with anything like a parallel success, against the dominant and proximate causes so painfully rife among us throughout the length and breadth of this land, and within the small area of the county of Middlesex more especially, of the mind's disorders and irregularities of action. The art and science of hygiene embraces, it may be said (to speak critically), but the outside conditions, the accessory or predisposing phenomena, which lead to insanity ; it takes cognisance of the distal links in the chain rather than of those proximal—of the remote and not the near or immediate cause of madness. In what, then, it may be asked, does this proximate or immediate source or starting-point of this dire malady, as it exists among the unfortunate classes alluded to, consist ? The reply is a brief one ; a single word can embrace it in all its entirety, and that word is—"POVERTY." Poverty, of which it has been truly said "*it eclipses the brightest virtues, and is the very sepulchre of brave designs.*" It is, indeed, the boast of modern medicine to prevent disease—to strangle it at the birth. It is our pride to develop that condition of things in the physical world with which preventible disease is incompatible ; but *how* and *where* shall we find the clue to the removal of *poverty* ? Is there no hope ? Can it be said that poverty is a normal state of things ? Is it not true, rather, that it is the mere product of a civilisation only spurious and unreal—of a Christianity only theoretical ? I am disposed to believe this, and hence it is I am sanguine that the beneficent results of a reformed and progressive legislation, dictated by the really good and truly wise among men, will, ere very long, so greatly diminish *poverty* that insanity will decline to no small extent among us. But pending such a state of things, and accepting the fact as it stands, let us see if we cannot lessen somewhat the evil complained of, *i. e.* attack the effects of poverty, or, what is the same thing, reduce more or less the great numbers of insane poor in Middlesex, for whom to this time there has never been, and is not now, the necessary asylum accommodation.

Now, the increased and increasing numbers of insane poor in the county of Middlesex is a fact of the first importance to my argument, a necessary condition or preface of and to that suggestion with which this paper concludes. The said increase is really my starting-point, the basis on which all I have to say rests.

The fact, then, as stated, is very easily demonstrated. Thus, at page 38 of the last report of the County Lunatic Asylum at Colney Hatch, I gather that in 1851 there were "of lunatics and idiots chargeable to the county, *viz.* Middlesex, and to parishes and unions in the



county," 2465; that in 1855 these lunatics and idiots had increased to 3350; that in 1860 they numbered 4048; in 1865, 4650; and that last year, viz. 1866, they, *i. e.* the insane poor in Middlesex, reached so high as 5320. The annexed tabular form presents at one view the foregoing facts.

A.D.	1851.	No. of Lunatics and Idiots	2465
"	1855.	" "	3350
"	1860.	" "	4048
"	1865.	" "	4950
"	1866.	" "	5320

The above figures demonstrate an average increase of 190 persons yearly; a circumstance which carries with it the idea of a future nothing less than alarming.

By reference to the twenty-second, *i. e.* the last, report of the Committee of Visitors of the County Lunatic Asylum at Hanwell, and to page 111 thereof, we learn that, of these 5320 insane poor in Middlesex, so many as 1349 are, or were in January of the present year, "*in workhouses*" or "*with friends*;" or, to put it more accurately, the metropolitan workhouses contain 1251 "*lunatics and idiots*," whilst 98 of the 1349 patients are now under the care of "*friends*." It may be well to mention that the numbers here given on the authority of the Committees of Visitors of the County Asylums at Hanwell and Colney Hatch do not agree with those to be found in the last (*i. e.* 21st) report "of the Commissioners in Lunacy to the Lord Chancellor." Thus, at page 245 (Appendix K) it is represented that there were on January 1, 1867, 1470 lunatics and idiots "*in workhouses in Middlesex*;" but this discrepancy is of small moment, inasmuch as it affects not the groundwork or basis of my argument to be explained hereafter. Now, to give due force and piquancy to my position, I may be allowed to anticipate somewhat. If, then, we adopt the decimal mode of reckoning, it will follow that the multiplication of 190 (the average increase year by year of the lunatic poor in Middlesex) by ten will give us in 1877 a total of 1900 patients, outside of or over and above the present very large army of insane paupers at this present time in existence, and encumbering those establishments which should be set apart for those simply poor and needy. That is to say, that after a lapse of ten years, the annual increase of insane poor continuing as heretofore, there must then be 1900 in addition to the present 1251 or 1470 pauper lunatics in workhouses, to be accommodated somehow and somewhere. In a letter of mine, published in the '*Lancet*' in April, 1856, a letter which embodies the very sum and substance of this present paper, I have ventured to predict that in twenty-five years from the date just given, or, what is the same thing, in fourteen years from this time, the

“Middlesex magistrates” might expect to be required to find “*additional accommodation for something like 5000 lunatics.*” Doubtless my estimate is a small exaggeration ; nevertheless it is seen that from the beginning of 1856 to January of this year the numbers of insane poor in the county (Middlesex) have gone up from 3350 to 5320, so realising an absolute accession, during eleven years, of 1970 persons; this being equivalent to an increase of so many as 4510 patients in the quarter of a century. *Time*, then, that great corrector of man’s aims and aspirations—*Time*—as Shakespeare has it—

“That please some, try all ; both joy and terror  
Of good and bad ; that make, and unfold, error”—

has proved me, in this particular instance at least, not very far out in my prophecy. However, the advice first offered in the pages of the ‘*Lancet*’ (April, 1856) was altogether unheeded—if so much as *seen* by those in power—and to this time no sufficient action has been taken in the matter ; and hence it is I venture now to repeat a suggestion, to be named presently, which, if acted on as it deserves, would, in my humble judgment, go far to limit the farther increase of insanity among the pauper population.

As a matter of course, we are all agreed on these three points, viz.—

1st.—That the union-house is no fit and proper place for the lunatic poor ; *that is, as a very general rule.*

2nd.—That asylums like those at *Hanwell* and at *Colney Hatch* are not adapted by their magnitude and arrangements to the *cure* of mental disease.

3rd.—That the asylums named should be regarded as places for the mere protection and care, day by day, of those irremediably mad.

Under these circumstances, then, what remains to be done? Are there no means within the reach of those with power to act and interested in the cause of the insane poor of Middlesex, whereby a largely extended and much improved means of accommodation and treatment may be secured to those so deeply afflicted? It is with much satisfaction I refer you to the last report of the Commissioners in Lunacy for a very practical response to the question submitted to you. At pages 71 et seq. we find suggestions for the erection of buildings “of a simple style, intermediate in character between the workhouse and the asylum, and consisting chiefly of cheerful, spacious, and well-ventilated day-rooms and dormitories.” For such buildings, or “*district asylums*” (so called by the Commissioners in Lunacy) all due provision is, we learn, made “in the new Metropolitan Poor Act for 1867 ;” and to these it is proposed to remove from the two large asylums at *Hanwell* and *Colney Hatch*, as well as from the metropolitan workhouses, so large a proportion of the

incurable and chronic cases of lunacy—the accumulations of long years—that the necessary accommodation may be found in the former, *i. e.* the asylums named, for the recent and curable, and in the latter, *i. e.* the workhouses, for that “class of patients among the idiotic and weak minded, whose quiet habits and tractable dispositions not only permit of their living in all respects with the ordinary paupers of workhouses, but even render them very often the most trustworthy and useful of all the inmates in employment about the houses.” It is, I feel, very unlikely for us to withhold our approval from or of the foregoing recommendations, so far as they go. But, to my mind, they lack the necessary completeness. I would submit for the careful consideration of the Medico-Psychological Society that it is before all things desirable to erect in the neighbourhood of London—what there is not now—an hospital for the insane poor; one of the most approved construction, and embracing both in itself and in the general and medical staffs attached thereunto each one and all of those means and appliances held essential, either directly or remotely, *to the relief and cure of the disordered mind.* This hospital must on no account contain more than 250 beds; otherwise it can be no hospital, but simply an asylum. Such an institution as that proposed will be, it is evident to you, altogether unlike either the asylum at Hanwell or that at Colney Hatch.

When, in 1851, I brought before the Committee of Visitors of the Colney Hatch Asylum the foregoing views in regard to the increasing numbers of insane poor, and when also I predicted that, regard being had to such “increasing numbers,” the great palace-like erection at Colney Hatch, with its 1800 beds, including its sister establishment at Hanwell, “would not long continue to accommodate the pauper lunatics in Middlesex” (to quote again from my letter in the ‘Lancet’ for April, 1856), I was answered by an incredulous laugh; but on my adding to such “views” and to such a prophecy, my decided belief that no time should be then lost in providing a small hospital for the *cure* of the pauper lunatic, and on the ground that an asylum so large as Colney Hatch is “too cumbersome, too much like the common union-houses, to embrace the many details necessary to the *cure* of the disordered mind”—that “neither its form of government, nor its internal arrangements, nor its social and domestic economy, were adapted to anything more than the common care and safe custody of its inmates”—the patience of the same committee became utterly exhausted, and I was made to feel that I had, to some extent, exceeded my duty as a medical superintendent.

Now that the experience of many additional years has furnished proof both of the increased and increasing numbers of insane poor, as well as of the many and great advantages of the small “*hospital*

for the insane" over the large establishments at Hanwell and Colney Hatch, it follows, necessarily, that such an hospital as that here advised is of the first importance, if we would make the most of the resources of the art and science of medicine, and thereby diminish the present rapidly increasing army of insane among our poorer brethren living in this metropolitan county.

It remains for me to impress on the minds of those who hear me that among the "advantages" just alluded to is *one* of a very especial character and of large significance, viz. the higher per-centage of recoveries which obtain at such small hospitals for the insane, to say nothing of the lower average of deaths. This first must be held to be conclusive; it furnishes the climax to the argument above set forth.

One word more; let me entreat you to give to this short paper your patient attention; permit me to solicit your calm yet earnest consideration of the several points herein touched on, bearing well in mind, not only the general importance of the subject, but its especial application to the present very pressing question, viz. What remains to be done for the due care and accommodation of the present very great and rapidly increasing numbers of lunatic poor in Middlesex?

*A Comparative Examination of the Laws of Lunacy in Europe.*

By BARON J. MUNDY, M.D., Staff-Surgeon-Major in the Army of His Imperial Majesty the Emperor of Austria; Membre Associé Étranger de la Société Medico-psychologique de Paris, &c.

(Read at the Annual Meeting of the Medico-Psychological Association, held at the Royal College of Physicians, July 31st, 1867.)

MR. PRESIDENT AND GENTLEMEN—Allow me before I go into my subject to thank you for the kindness you have displayed to me in electing me a honorary member of your Association, and much more so as it is perhaps to-day for the last time that I shall have the honour to address you before my retirement from this branch of science.

In regard to the subject which I lay before you to-day certainly the time will not suffice to explain you so large and important a question, and even if our meeting extended over two or three days,

it would certainly not be enough for the complete discussion of a subject of this extent.

In regard to the laws of lunacy in Europe I begin first of all with your own land, England; and it is quite unnecessary for me to say that I do not intend to criticise the law in England, as you know it much better than I do. Whatever may be its defects, and it has some defects, the English law is the best law of lunacy which exists in Europe. The reasons for which I call it the best law are, because it is the law which gives the best control of all other laws in other countries in Europe; and because it is the only code of laws which has advanced in accordance with the progress of science. The greater part of the law of lunacy in Europe has existed from 1801. Certainly I must ask you if science and if the principles of science on which every law must be based have not advanced since the year 1801, a period of sixty-seven years; and if you go in your own subject, if you go only into work which was done after this time in England, the answer for me would be quite useless. Certainly science has advanced, and by advancing science the laws and the principle of laws must be changed.

I will here make one or two criticisms upon the English law. First, with regard to certificates, with regard to administration, subjects which have been referred to to-day by our President and by Mr. Blake. And then I may mention the very defective part of your law whereby the magistrates interfere with the medical certificates in the cases of lunatics who are called before them from work-houses to be sent to asylums, matters referred to a few days ago in your medical and other papers. And finally, there is the subject so often mentioned by Dr. Tuke, the criminal part of your law, the distinction which is still now a rule and which certainly cannot be a good, healthy, or sound one.

These are a few criticisms, and certainly in going into the subject I could say something more on it, but, as I have so much good to say of your law in comparison with the other laws of Europe, I will proceed to discuss the laws of other countries in Europe.

Only six countries in Europe have really what you call a lunacy act, or a law in lunacy. These countries are France, Switzerland—some cantons of it,—Norway, Sweden, Belgium, and Holland. The remainder of Europe possesses no lunacy law, but only some dispersed rules or ordinances, which began in 1801, going on till now, contradicting themselves, repeating themselves, and not making any real progress. Even Prussia, which has made so much advance in many things, scientific and others, has made very little change in the ordinances with regard to lunacy during the last twenty-five years. So with Austria, Italy, and Spain, all countries having no lunacy law at all.

Going back to those countries which possess lunacy laws, I will first glance at the French law. I would first remark that it is inferior to your law in those points in which your laws are superior to many others. First of all, the control exercised is very weak. It will be sufficient to recall to your memory that the certificate of one medical man is quite enough to shut up any man throughout France without any control. Fifteen days after he is shut up an inquiry goes on, and the certificate is signed by the same medical man who signed the first certificate. There are no Parliamentary reports on the question, and all the reports made by the commissioner are secret and never published. Then there is a rule in the law of 1838, which constitutes the French law, which says that for reasons which they do not call political reasons, but which they call disciplinary reasons, for a certain time the chief of the department, as they call it, can even shut up a man without any certificate as a lunatic. There is quite an absence of what you call *de lunatico inquirendo*. In France the law says clearly that if a man is not capable of taking care of himself and of his affairs he is interdicted ; and interdiction is effected without the certificate of a medical man, being done at the will of the magistrate. And as the magistrates have no high standing in psychology you may imagine that such interdictions are sometimes very unjust, and bring ruin, not only on the individual, but also on the family. On the other hand, if the magistrate refuses to interdict where an interdiction ought to be granted, equally serious consequences arise.

There is no control, as I have said, even in regard to that most important point of restraint. As I have often said to you, and will repeat again, in France about 2000 of the insane are constantly in strait-jackets. But although some publications of very high importance speak about all these defects, still the medical men engaged in our line of science contend that the law of 1838 in France is a very good one and wants no change. I do not share in that belief, as I have contrasted your law with the French law ; and you may judge from the few words I have said whether that belief is warranted or not. Certainly the liberty in France of speaking and giving opinions about the thing is not such as in England, and the Medico-Psychological Society in France has no right even to discuss the law ; even to propose an amendment scientifically is a very dangerous experiment, and if they went into such delicate subjects the existence of the society itself would be rather doubtful.

If we turn to Belgium and other countries we shall see that their laws are really nothing but a transcription of the law of 1838. Those cantons of Switzerland which have a settled code adopt the same law, whilst the other cantons have no lunacy law, but simply ordinances.

Some important amendments, however, have been made in Belgium. Parliamentary reports are prescribed by the commissioners,

which are similar to your reports, although they do not go into detail like yours, and are not published annually, but every second and third year. In Switzerland there are no reports. And in Belgium, instead of Commissioners in Lunacy who are medical men, there is generally what they call the *Procureur du Roi*, a man who is the chief of the justice department, who inspects the asylums, and to whom every complaint is to be addressed. He is no medical man, of course, and understands very little of lunacy; and so there are frequent collisions between him and the medical man, and many mistakes arise.

Coming to Holland, I must confess that the law in Holland originated from a great man, Schroeder van der Kolk, and a very important part of the law in Holland is that which regards, and justly so, the medical profession. The reports of Holland which Schroeder van der Kolk organised are very good indeed. I may state as an instance that the so-called therapeutic part of the report transcribes even the effect of any medicine given to the patients, the influence of freedom and family life, and the influence of restraint; and everything is so nicely put and prescribed that the reports are really very instructive. It is Schroeder van der Kolk, a great physiologist, to whom belongs also the merit of having abolished entirely by a good public asylum the private asylums in Holland. It is the only country in which no private asylum is in existence.

Norway and Sweden organised their lunacy law, the one in 1838, and the other in 1845. Sweden was some few years the later of the two, taking the law from Norway. It is very curious to see that in the countries where the proportion of the insane is so very high as it is in Sweden and Norway (for these countries have the highest proportion of the insane in Europe), the laws came in the one ten years only after the other. The prescriptions are generally the same as in the French law, with a few alterations of no importance.

That is the historical account of the lunacy laws of Europe, how they came and how they have been instituted.

Coming now to the countries where no law is in existence, I will quote a few instances to show how defective they are in their totality. Take an instance from Austria, where there existed till lately a law whereby the medical superintendent had power and authority to punish the insane; a disciplinary right was given to the superintendent to punish an insane man! Such regulations in existence in our time remind us of the time when at Bedlam the insane could have been seen by paying a penny. But this time has gone, I believe. Another ordinance in the Austrian law authorised the chief of a town, who is the chief of the police, to send anybody to an asylum without any certificate—in my opinion a very dangerous rule, as everybody who was not on good terms with the chief of the police could be sent there, no certificate of a medical man engaged in lunacy being needed.

But the worst part of all these laws, including the countries

which have laws, is that they have no right definition about insanity. The definitions of insanity, so very important in legal cases, are still the same as they were at the time of Esquirol, Conolly, and others. There is no good and clear definition about idiocy, there is no good and clear definition about insanity—definitions which always are wanted in legal and even in civil cases, and which never can be given clearly. But not only are these definitions wanting, but, as science has made in the last twenty years great progress, you must ask yourselves if no new definitions are wanted, if no new characters of disease have come out which may be very important in the administration of the civil law, and much more so in criminal cases. For instance, there is aphasia, never known before, a disease which is now so important in medical legal cases—aphasia, not being able to speak. Constitutional syphilis has quite, I may say, overgrown many diseases which were prevalent before this disease was known as a very important disease of the brain. Then there is Morel, who has distinguished himself so much in new inquiries as to the instinctive diseases, what the French call *manie instinctive*; and as the gentleman may be here present, I may quote himself, we have Dr. Westphal, from Berlin, who has been making such great inquiries about the laws of paralysis, and who has changed entirely the old laws of paralytic diseases by pathological inquiries—by inquiries that can be and have been demonstrated; the effect of which are so important upon insanity that medico-legal cases have quite another face before the judge and jury, if they are explained on the basis of the new science. Even idiocy, cretinism, and so many symptoms of mania once before by routine called simple mania, or making a certain degree of mania, which are not in existence at all, but which are nothing else but variations of a disease which can be to-day a mania and to-morrow a melancholia—these things now want to be taken together, and out of them to be constituted a new law in lunacy, a new law based on the definition of the new diseases.

After this diversion, to quote you some instance from another land, I may refer to Prussia, where only twenty years ago there was a provision that a man who committed a murder should not be hanged if it was proved that he committed the murder to be hanged. This law was only abolished twenty years ago. Then with regard to pyromania, a circular was sent out to the judges in Prussia warning them against committing men for trial affected with this disease. This was in vogue for five and twenty years, and then a circular came out warning the judges to take no care about such a disease, which certainly was not in existence, and to commit everybody to prison who feigned pyromania. Time is not sufficient to mention other very striking instances, and I may say that in Italy the law is as bad as in Austria, as bad as in Spain and in Russia, where certainly even the old system of Bedlam is still in use.



I will now make a very few remarks in regard to the laws for the future.

And first I repeat that a new law must be based upon new principles of science, for without that the new law will not be of the slightest use. The want of books is a very important defect, and I am very much pleased that the man who devoted his life to this important branch of study has written a very useful handbook with regard to mental diseases in legal cases—I refer to our honoured friend Dr. Bucknill. I may say that, excepting the little handbook of Dr. Bucknill's, there was not a single book written on this branch of science and jurisprudence. The books in existence mix up all the legal cases and all the medico-legal science; Dr. Bucknill has, however, written a small essay and has promised to give us a more extended work, which we shall be very glad to see. Morel certainly began a similar book, but I am sorry to say that, except the first portion, the book has not appeared, which is to be regretted, as Morel is a very able man. Now, as I said, the new principles of law must be based on the new progress in science; and as there is so much need for books on the subject, I may propose that prizes for such books should be offered by wealthy men or by societies. If your Society was a rich one, certainly you would consent to give £1000, if anybody would write such a handbook embodying the principles of the science, as it stands now in 1867.

Secondly, I touch on a very delicate subject, on which the President has spoken to-day, and it is a course of procedure which in my opinion must be certainly changed—I refer to indiscriminate sequestration. Our President has, in his address, protested against indiscriminate sequestration, but I am sorry to have to say that in Europe, out of a number of 600,000 insane, more than 350,000 are sequestered. I think that shows that there still remains indiscriminate sequestration, not only acknowledged as a necessity, but even sanctioned by the laws of every country in Europe. It is greatly to be desired that the practice of non-restraint should be adopted on the Continent. It is quite a matter of shame to have to confess that 50,000 insane people are shut up in cells, and in very gloomy ones, and put in strait-jackets. I think a sound and energetic protest on your part would do much to remedy this barbarous state of things. If you do not protest against it it will not be altered. The subject of control is a very important one, not only the control of the medical man, but also the control of the patients. I am sorry to have to state that, with the exception of England, the social position of the physician in Europe engaged in lunacy is a very poor one, and needs great improvements.

Finally, I may say, if a new law in lunacy is really proposed for so many countries that do not possess it, it would be necessary to make those new laws uniform. It is a pity that the authority with

regard to lunacy should, in different countries, be placed in so many different hands. In England the Lord Chancellor is the man who has all lunacy matters under his care. In another it is the Minister of the Interior, the Home Office in another. Sometimes the Minister of Commerce is the man who is to take care of the interests of the insane. There a real rational basis is also wanting.

I may be asked, "Who is the man who should propose and execute all these things?" I must reply freely and openly that I believe it is the medical profession themselves who should propose such things. If we are always silent, leaving things to go just as they are, fearing to be censured, we shall never make progress, and the governments will be very satisfied with our labours so far as they are not burdened. But, in my opinion, it is the sacred duty of every member of our profession to do his best to propagate sound and new principles, to urge those who have influence in such matters to make further progress, to make official propositions, and so by-and-by to come to a real and to a good law in lunacy, which, though it is the best in England, is even there defective, whilst in the other countries of Europe it needs a radical reform.

*How the Extension of the Organism in three Dimensions is realised.*

By the Rev. W. G. DAVIES, B.D., Chaplain to the Asylum, Abergavenny.

*The subjective character of sense-consciousness.*—To the physiologist of the present day it must be clearly manifest that, in respect to what is revealed to us by the senses, we have no immediate knowledge of anything but sensation. Even according to Sir Willam Hamilton, perception proper takes note of nothing but the sentient organism. "All perception is a *sensitive* cognition; it therefore apprehends the existence of no object out of its organism, or not in immediate correlation to its organism, for thus only can an object exist *now* and *here* to sense."\* An effect is produced upon the peripheral extremity of a nerve of sense; this is conveyed to the appropriate centre, and there calls forth a sensation.

In the first place, then, the only immediate object external to themselves which the intellectual organs can have to stimulate them into action is a sensation, there being no way discoverable in which a perceptive faculty can come, without the intervention of a sensation, face to face with any portion of the organism, much less with any external body. A man's members are existent to him only in so far as he is sentient of them; his only organism is his sentient organism, his

\* 'Hamilton's Reid,' p. 879, par. 13.

only world his sentient world. The existence of a world other than the sentient may be thought possible, but it cannot exist for us; and some are to be found who, indeed, question its existence altogether, because internal causes are known to rouse sensations which appear to be extra-organic. Thus, congestion in the capillary vessels of the optic nerve, or a chemical agent exciting the nerve through the medium of the blood, causes visual sensations in the entire absence of their natural stimuli. Such disturbances, under the name of hallucinations, are quite familiar to the physiological psychologist, as affecting all the senses. Hallucinations sometimes exist indeed without involving insanity. "Thus, Andral, on entering his room, distinctly saw for a quarter of an hour the corpse of a child which he had dissected a short time before. Johnson, one day at Oxford, when he was turning the key of his chamber, heard his mother distinctly call 'Sam,' although she was then at Lichfield. Jerome Cardan, the physician, and Erhard, both believed that they were attended by a supernatural personage. Erhard's companion was always attired in a black cape. Napoleon was said to have interviews with a familiar spirit in the form of a little red man; and, on better authority, we are informed that he saw his star. 'I see it,' said he, 'in every great occurrence; it urges me onward, and is an unfailing omen of success.'""\*

Some persons, while admitting that we have no knowledge of the external world, for our world consists exclusively of our so-called objective sensations, still maintain that there are, external to us, certain forces which rouse these sensations in us. But this is not so evident as not to have given rise to scepticism. Say we have an immediate cognition of an external force in electricity, but this immediate cognition, the idealist may hold, must be a sensation, and as such exists in us only. If to account for our sensations we infer an external stimulus and call it electricity, what is this but hypothesis, or, as Comte would call it, metaphysics?

In the second place, this view of the matter will be more evident if we consider that our sensations, whether objective or unemotional, subjective or pure feeling, are not cognized in the locality in which they apparently exist, but in the brain or sense-centres. For example, when we have, as we say, a pain in the foot, consciousness is not present face to face with the pain in the locality in which we place the foot, but in the locality in which we place the brain. It is just the same with our outward sensations. When I am conscious of this pen as being held in my hand, my various sensations are not *there* where they are felt to be, but in their respective sense-centres. Let us suppose, for the sake of illustration, that these centres, instead of being but a short distance from the locality apparently affected, were a long way off from them; let us imagine a giant a mile in length; now, a twinge in his big toe would be

\* 'Psychological Medicine,' p. 143.

a sensation occurring in his brain, although in appearance at so great a distance from that organ. This shows plainly how impossible it is for us to be conscious of the organism, much less of the external world, presentatively or in themselves. We are not in the immediate presence of either of them. In the case of the giant, for instance, a line of nerve a mile long, a sense-centre, and the action of that centre resulting in a sensation, all intervene between his intellect and his foot. We are dependent upon the veracity of an inter-nuncio for the existence both of the body and its environment; and the grand question which has to be decided is, whether consciousness only possesses that amount of truthfulness accorded to it by the idealist, or that greater amount accorded to it by the thinking many.\* But how does sensation appear to have its seat out of the brain?

*Localised sensations.*—Some of our sensations are apparently seated in various parts of the body. That this is the case with all sensations involving contact with, and resistance from, something which is felt to be external to the organism, none will deny. What we touch (felt also as touching us), what resists our pressure (felt also as being resisted by us), is always in some definite locality of the skin. But even our internal corporeal feelings are experienced as relatively out of each other in space. Some, however, contend that we should have no notion of the locality of a pain, for example, in the foot, were we not conscious of the foot as a tangible and visible object, and that we are aware of the seat of the pain because we associate with it our notion of the foot as a tangible object. But assigning a pain to a certain part which is known by an outward sense means this—although we had an internal cognition of the pain, unless we had an external perception of the foot as well, we should not be able to locate the pain by association in a place of which we know nothing. This is granted. What is contended for is, that although we could not locate a pain in the foot unless we were aware of the existence of the latter, we still should be perfectly certain that a pain, as in one foot, was quite distinct from a pain as in the other foot; that is, we should experience them in separate localities. “The opinions so generally prevalent,” says Sir William Hamilton, “that through touch, or touch and muscular feeling and sight—that through these senses exclusively we are percipient of extension, &c., I do not admit. On the contrary, I hold that all sensations whatsoever of which we are conscious as one out of another, *eo ipso*, afford us the condition of

\* If this subject were more fully entered into, it would have to be shown that our outward sensations are apprehended as external in space to the whole field of internal sensation, that is, to the whole of the organism as the seat of emotion—pain or pleasure. Moreover, our outward sensations are distinguished from the other class by the entire absence of animate qualities. From these two causes, it is, they are recognized as *not-self*.

immediately and necessarily apprehending extension, for in the consciousness itself of such reciprocal outness is actually involved a perception of difference of place in space, and, consequently, of the extended."\* Mr. Bain† contends against this view of the subject, and holds that we realise extension by means of the activity of our locomotive organs. But both physiology and reason are against him. If we are not in some sense conscious of a limb as extended and solid, how can we become aware that we move it at all? In chronological as in logical order, motion involves the existence of that which moves, but that which moves may be at rest. What is contended for, then, is, that a limb at rest is realised as an extended object by the outness from each other of all the sensitive minima which are then localised in it, and that the sensations which are felt and localised when the same limb is put in motion are an addition to the former, and presuppose them, *i. e.* the former sensations are a condition *sine quâ non* of the latter. Moreover, in order to realise a sense of motion there must be a comparison of two objects at least, the one changing its place in relation to the other, for the mere movement of a limb would not be realised as motion if there were not by means of comparison a perception of change of place in the limb relatively to other parts of the body and to other objects. Now all this implies that the objects compared must be already known as occupying space. Were a coast to glide along at the same rate, and in the same direction as a vessel which sailed along it, we should not know that either of them were in motion; and in like manner if, when one limb moved, every other portion of the body and every surrounding object kept in the same relation of space to it, how should we know that we moved the limb at all? The mere act of the will, followed by muscular effort and its attendant sensations, we should be fully conscious of, but since we detected no change of place in relation to other objects we should be at our wit's end, and believe that all was a dream. It seems to be manifest, then, that Mr. Bain is committing a *petitio principii*. In order to be conscious that a limb moves we must be conscious also of that limb in so far as it is the substratum both of rest and of motion, namely, conscious of it as possessed of extension.

Why certain of our sensations should be localised in the body, *i. e.* stand out in distinct isolation from each other in space, while others, such as those of hearing and smell, are not distinguishable in the same manner, *i. e.* do not stand out in distinct isolation from each other in space, can never, it is presumed, be accounted for; it is an ultimate fact, and, therefore, inexplicable. We can assign but one reason for thought being a function of the vesicular neurine of the brain, and for disease in this neurine being attended with insanity, namely, that such is the Creator's will; in like manner for

\* 'Hamilton's Reid,' p. 861, note.

† 'The Senses and the Intellect,' Book II, Chap. 1st, § 37.

the fact that certain sensations reveal extension, we can offer, apparently, no other explanation. The perfect isolation from periphery to centre of nerve-filaments and their minuteness, do not account for their being revealers of extension, but simply afford ocular evidence that each nerve-filament has a separate message to convey to a distinct sensitive point. The reason why these points are felt in space can perhaps never be explained. The phenomenon, to all appearance, is primary, and, therefore, inexplicable; and, as inexplicable, incomprehensible.

*How localised sensations are apparently present in a locality other than that in which they are generated.*—How is it that a sensation which is aroused in the brain is seemingly present in one of the extremities of the body? Sir William Hamilton has written something on this point, which, if not affording a right explanation, strongly suggests one. "Be it observed, that it makes no essential difference in this doctrine, whether the mind be supposed proximally conscious of the reciprocal outness of sensations at the central extremity of the nerves, in an *extended sensorium commune*, where each distinct nervous filament has its separate locality, or at the peripheral extremity of the nerves, in the places themselves where sensations are excited and to which they are referred. From many pathological phenomena the former alternative might appear the more probable.\* In this view, each several nerve, or rather each several nervous filament (for every such filament has its peculiar function, and runs isolated from every other), is to be regarded merely as one sentient *point*, which yields one indivisible sensation, out of and distinct from that of every other, by the side of which it is arranged; and not as a sentient *line*, each point of which, throughout its course, has for itself a separate local sensibility. For a stimulus applied to any intermediate part of a nerve is felt not as there, but as if applied to its peripheral extremity, a feeling which continues when that extremity itself, nay, when any portion of the nerve, however great, has been long cut off. Thus it is that a whole line of nerve affords, at all points, only the sensation of one determinate point. One point, therefore, physiologically speaking, it is to be considered."† All that line of nerve which stretches between the brain and the foot is in consciousness null. A message is conveyed by a nerve from its remote to its central extremity, but the nerve being in itself incapable of experiencing any feeling, none is felt till it has excited the sense-centre, and there it is that the feeling first manifests itself. Each nervous filament is

\* Pathology proves as clearly as physiology, that the brain alone can be the seat of normal and abnormal mental action; that the normal state of the mental process depends upon the integrity of this organ; and that both together are influenced by the state of the other organs in disease.—'Griesinger on Mental Diseases.' Translation by Dr. Robertson and Dr. Rutherford, p. 3.

† 'Hamilton's Reid,' p. 861, note.

therefore not only not a sentient *line*, it is not even a sentient *point*, it merely serves to excite such a point in the sense-centre. But how, in that case, does the feeling seem as if it were in the foot? In this way—the sensorium, as such, is not itself localised in consciousness. We do not feel that thought and emotion are in any place in particular. What an easy task the phrenologist would have of it if he felt rage kindling above the ears, pride towards the crown of the head, benevolence in the upper part of the forehead, and the intellectual faculties working away like busy bees in their narrow cells below. We should never have had such expressions as “the thoughts and intents of the heart,” and “bowels of mercy,” if thought and emotion had a clearly defined habitation in consciousness.

In corroboration of the fact here stated, it is found that when any portion of the brain is laid bare it is not susceptible of the feeling of touch; if it were it would be conscious of the place which it occupies, and thought and emotion could never have been assigned to so many regions of the body by those who were so very slightly acquainted with it.\* Indeed, if sensation were consciously localised in the spot in which it comes into being, the problem which it is now attempted to solve would never have had an existence. Sensation would be experienced as if it were in the sense-centre, and a pain, for instance, in such a place as the foot would never have to be endured, for how could a single feeling appear to be at one time in two distinct localities? The sensorium, therefore, must not be localised in consciousness, else our sensations would necessarily appear to have their seat in the sensorium, and not, as now, in various localities of the organism.

Now, in the sense-centres which we are considering each sensitive point is distinctly apprehended as separate in space from every other, and this not simply in two dimensions, but in three, that is, in solid or trinal extension. In consequence of the sense-centres, as such, being in consciousness unlocalised, while the sensitive points are cognised in trinal extension, these points are realised as if they were in various regions of the body, that is, in short, in the localities in which they are asserted by the many to be exclusively present.

In order to show how the various localised sensations, objective or unemotional and subjective or emotional, become associated together, we cannot do better than consider the curious phenomenon of a man who has had his leg amputated apparently feeling pain in the foot which he no longer possesses. This phenomenon is often cited as proof that pain is seated in the mind. The nerve-fibres which extend from the brain to the foot are in consciousness void,

\* Certain feelings, such as vertigo, headache, sense of tightness, are of course consciously located in the head, but sensation, thought, and emotion, are not localised in their respective organs.

but they excite in the sense-centre the sensitive points with which they are severally connected. Now, the shortening of these fibres does not alter their connection with the brain, consequently the sensitive points are stimulated into action by the shortened nerves in the same manner as they previously were by the nerves in their full length. The sensations are therefore alike in both instances. But then, with these internal sensations, others of an objective character, namely, those derived from touch proper, the muscular sense, and sight, have become associated. Thus, with the internal feelings belonging to the foot have become linked its solidity, size, figure, colour, &c., consequently, the former call up thoughts or notions of the latter. For instance, when a man who has lost his leg feels pain in the stump, the pain occurs in the self-same points in which it occurred before the leg was amputated. Stored up in the man's memory, however, there are certain notions which have become firmly associated with this sort of pain; in physiological language, certain actions of the brain-cells have been in the habit of being set up whenever such pain is experienced. These have now been rendered faulty and need to be replaced by a new set of actions. The man must, in fact, learn to connect with certain feelings the notion of the stump instead of the lost foot.

*Our localised sensations, then, have their real seat in the brain; they, nevertheless, appear to have their seat in various localities of the body. This is accounted for by the fact that they are apprehended in trinal extension, while, as the seat of thought and emotion, the brain has, in consciousness, no local habitation.*

### *The Velocity of Nerve-Force.*

*(Abridged from the 'Revue des Deux Mondes,' August 1st, 1867.)*

THE nerve-current which transmits sensations to the brain, and the orders of the will to the extremities of the body, requires a certain time to travel in. Impressions coming from without are not perceived at the instant they are produced, they travel along the nerves at the rate of 20 to 30 mètres (25 to 40 yards) in a second, which is the same speed as that of the carrier pigeon, of a hurricane, or of a locomotive engine at its quickest, but very much less than that of a cannon ball. For instance, we can only be conscious of an injury to one of our feet about one twentieth of a second after it has actually occurred, and the commands of the will proceed equally slowly from the centre to the peripheries of the nervous system. In the human body the time thus occupied is unimportant, but let us



take the case of a whale, where the telegraphic network of the nervous system is far more extensive. A boat attacks the whale, and a harpoon is driven into its tail. The impression thus produced has to travel over some forty yards before reaching the head-quarters of the will; a second is thus lost. How long a time is then required for reflection? That must depend upon circumstances; but at any rate it is certain that the will has need of some definite amount of time for its decision. The order to capsize the boat is despatched to the tail, but another second must elapse before the telegram reaches its destination, and in the time thus employed the whaling boat has pulled off and escaped the danger.

Several methods have been devised by physiologists for measuring the velocity with which nerve-force travels. Thus, a physician of the middle ages,\* mentioned by Haller, fancied that this might be calculated by comparing the supposed diameter of the nerve-tubes with that of the aorta, as he supposed the velocities of the blood and "animal spirits" to be the inverse ratio of the vessels containing them, from which data he calculated that nervous influence travels 600 times more quickly than light.

Haller's own mode of procedure was scarcely more rational. He counted the greatest number of letters he could articulate in a given time, which he found to be 1500 per minute. Now the letter *r* requires, according to him, ten successive contractions of the muscle which makes the tongue vibrate, whence he concluded that this muscle can contract and relax 15,000 times, that is, can move 30,000 times in one minute. From the brain to the muscle the distance is one décimètre; if, therefore, the nerve-force passes over that space 30,000 times in a minute, it must travel at the rate of three kilomètres per minute, or fifty mètres per second. We need not point out that this process is a mere series of mistakes, but it is strange that the result should happen to be so near the truth.

No attempt was made until 1850 to study this question in a satisfactory manner, when one of the most distinguished of modern observers, M. Helmholtz, undertook its investigation. He at first employed Pouillet's "chronoscope," a machine in which a galvanic current of very short duration makes a magnetic needle deviate, the duration of the current being measured by the amount of deviation; by this means as short a time as some thousandths of a second can be measured. M. Helmholtz fixes one end of a muscle from the leg of a frog, and attaches the other to a small lever which forms part of a galvanic circuit, so that at the moment of contraction the

\* The mediæval physicians and the schoolmen held as a consequence of Aristotle's and Galen's theory of "animal spirits," that time was required for their passage from one part of the nervous system to another; and it is even curious to remark how the later schoolmen opposed the Cartesians who thought the contrary;—an example of the advantages derived by the schoolmen from including even bad physiology in their scheme of philosophy.—J. R. G.

circuit is broken and the time registered by the chronoscope. The current is first sent directly through the muscle, and then through a given length of nerve which has been left adherent; the difference in time between the two cases gives the velocity of the nerve-force, which by this process is found to be 26 mètres (85 feet 7 inches) in a second.

In a second method, also employed by M. Helmholtz, the lever raised by the contraction of the muscle has a point which traces a line upon a sheet of blackened paper, which is kept moving from the moment of excitation, and the curve produced by the movement of the lever registers all the phenomena of the muscular contraction. This apparatus, called the "myograph," gives the velocity of nerve-force as equal to 27 mètres (88 feet 10 inches) per second; several modifications of the instrument by different physiologists have given very closely agreeing results, and have also shown that the velocity is diminished by sending an electric current through the nerve, or by a low temperature.

Experiments with the same object have been made upon man in the following manner:—An electric current is suddenly applied to the skin, the moment of application being registered by the turning cylinder of a chronoscope, and as soon as the person experimented on perceives the slight prick produced by the current he touches an electric lever by which a second mark is made upon the cylinder. The interval between the two, which can be thus measured, is made up of the following elements, viz. transmission of the impression to the brain, the mental process there gone through, the transmission of the voluntary impulse to the fingers, and the consequent muscular contraction. But if this experiment be performed on two different parts of the body, as, for instance, at the groin and at the great toe, all the other elements of the delay will remain the same except the time occupied by the transmission of the impression upwards, and the velocity of nerve-force in man can be thence calculated. M. Hirsch, the director of the Neufchâtel Observatory, was the first person to make these experiments, in 1861, and from them he concluded that nerve-force in man passes over 34 mètres (112 feet) in a second. Dr. Schelske has repeated the same experiments, and deduces from them a slightly less velocity,  $29\frac{1}{2}$  mètres (97 feet) per second. By similar means it has been shown that the rate of transmission through the spinal cord is the same as through the nerve trunks, and that a reflex action requires from one tenth to one thirtieth of a second more than the mere direct conduction of excitement to the muscles.

The time required for certain cerebral operations has been measured by Dr. De Jaager in the following manner. It was preconcerted that the person on whom the experiment was made should touch the lever with his right hand when he received an electric

shock on the right side, and with the left hand when he received a shock on that side. The interval between the shock and the signal was found to be 0·20 of a second when the subject of the experiment had been told beforehand on which side the shock would be given, and 0·27 of a second when he had not been told; 0·07 had therefore been employed in reflection.

M. Hirsch, again, has found that on an average two tenths of a second must elapse before an observer can mark by a signal his perception of a sudden noise or flash of light, and MM. Donders and De Jaager have varied their experiments thus—one of them pronounced a syllable, the other repeated it as soon as heard; when the syllable had been agreed upon beforehand, there was an average delay of two tenths of a second; when it had not been so agreed upon, of three tenths of a second. These are, however, only average results, and subject to considerable individual variations, of which the “personal equation” of different observers of a transit is an example well known to astronomers.

J. R. G.

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## CLINICAL CASES.

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*Some further Observations in reply to Certain Strictures upon the Treatment of a certain class of Destructive Patients.* By EDGAR SHEPPARD, M.D., Medical Superintendent of the Male Department of Colney Hatch Asylum.

THE profession, that part of it, at least, which involves our specialty, is indebted to the assistant medical officer of a county asylum for obtaining permission from his chief to publish the mode of treatment adopted therein towards a “certain class of destructive patients.” Invited by me in general terms to a “dispassionate consideration” of an important subject, he puts himself individually forward, at “the request of the Editors of this Journal,” to propound a system of which, nevertheless, he adds, he is not “the authorised exponent.” He says that many communications have been received by the editors “condemnatory of the treatment Dr. Sheppard advocates, and, indeed, I may add, of the whole tone of his paper.”

But be it known that I, too, have received communications from superintendents and other members of our association, endorsing the

views which I have expressed, and commending me for a candour and bold outspokenness which are regarded as "ill-judged" in the county of Sussex, and are an "aspersion" upon the "humane treatment of the insane in the English county asylums."

Now, though I may doubt the "considerable diffidence" of the gentleman who has taken up the gauntlet which I have thrown down, I have no reason to suspect his intentions or question his capacity. But I have a right to complain, and I do complain, of his inaccuracy, and of his importation of the indignant element into a matter to which I invited the "careful consideration of other superintendents, and the judicial weighing of educated men."

I impugn the correctness of a statement which is to the effect that I "hold up as a pattern to be followed the lamentable want of judgment and skill which would reduce the great principle of non-restraint to four bare walls and a wooden floor." For what are the words which I did use, and upon which this most unfair interpretation has been placed? They are these:—

"But it seems to me that where this destructive propensity reaches such a pitch as to render it foolish to put a man in a padded room, or to give him any covering, there is only one course open to us which can be called humane, because it is not connected with restraint. A few single dormitories ranged side by side, and lined with kamptulicon, linoleum, india-rubber, or some other durable yet yielding substance, would constitute soft and pleasant surroundings for a naked patient. These chambers might be heated, when necessary, by a common apparatus, to a temperature varying with the season of the year and the individual requirements of the patient, as indicated by the thermometer applied to the skin. . . . They would be at once the greatest security and the greatest comfort to the patient."

Everywhere I speak of "soft surroundings" and "unirritating wrappings" as the requirements of the cases under discussion, and I specially refer to them as those in which "medical treatment, digitalis, opium, the wet sheet, will not touch the malady." "Four bare walls and a wooden floor" are *not* the appointments which I advocate; they are the very ones which I lament over and condemn. It is true, indeed, that the author of the paper to which this is in some sort a reply parenthetically qualifies, in one place, his previous declaration that "four bare walls and a wooden floor" constitute the treatment at Colney Hatch, in a certain class of cases which "have baffled Dr. Sheppard's energies." A sensational statement is at first postulated with indignation, only to be afterwards qualified in a parenthesis and with a sneer. This is not to consider a great question philosophically and dispassionately. The advocate of a case undertaken at "the request of the Editors of this Journal" has no right to import into it the element of exaggeration.

But my chief concern lies in making a few observations upon the treatment maintained and vaunted at the Sussex County Asylum in "a certain class of destructive patients," premising that I have nowhere said more than that there are "some cases" which digitalis, opium, and the wet sheet, will not touch. The usefulness of these remedies I have ever acknowledged, and my constant use of them is the best proof which I can offer of their unmistakable efficacy. But I am unwilling to admit that they are successful in all cases, or that their adoption is at all justifiable to the extent advocated—"proclaimed"—in the last number of this Journal. Look, for instance, at the case narrated on pages 184, 185, and see if it does not bear out my statement of the occasional futility of treatment. It is there on record that "H. F." was treated for twelve months for noisiness, destructiveness, and filthy habits. "Purgatives, morphia, warm baths, warm mustard baths, digitalis, packing in the cold sheets and in the mustard sheets, all were tried in turn, *but with little or no benefit* [the italics are mine], except that as the mania passed from the acute to the chronic stage he gradually regained his general health and became quite strong and hearty. At one time 10 doses of dilute hydrocyanic acid were given him every fifteen minutes daily (!) until the pulse was affected, *but all with no benefit*. Finally, in October last he was placed on ʒj of Liq. Opii every three hours, and from that moment he began to mend." "Of a surety [adds this persistent physician] this case points out how necessary it is to persevere in treatment, how slow we should be to come to the conclusion that the patient is incurable until all the means at our command have had a fair trial." Different judges may read this case differently. To me it is one of the most convincing proofs I have ever met with of the complete failure of medical treatment, and of the final triumph of nature in spite of a discipline so heroic as to make one tremble. More than this, it suggests that, considering the known power of opium, this unhappy martyr "H. F." might have been treated by the last prescription at an earlier period of his disease. Not that (as I think) it would have touched him then any more than it did at a more advanced stage. But in the catalogue of fertile resources at the disposal of the assistant medical officer of the Sussex County Asylum surely ʒj of Liq. Opii might sooner have found a place. There is, however, a certain point beyond which, as it seems to me, therapeutic treatment has no business to be pushed. It is impossible that any one can have been subjected to such a discipline as "H. F." for twelve months, without having incurred the greatest risks. The responsibility of scourging a man's vitals after this sort is tremendous, and deserving of every reprobation. But nature is wonderfully kind and restorative to some of us, and baffles the well-meant but mistaken energies of the most enthusiastic physician, while he is

playfully and illogically regarding her triumphs as the result of his skillful art.

There is another point, however, to which I am anxious to direct attention. My indignant critic is horrified by my "startling statement" that "it must be known to any commissioner who has been a superintendent of an asylum of any magnitude, that numberless patients are uncovered the whole night; that they will stand up naked or lie upon the bare floor, having heaped their bedding or clothing into one corner of the room or amused themselves by tearing it to pieces." "Surely (it is said) this is a most gratuitous assertion. We must presume it is true of Colney Hatch, but is it true of any provincial county asylum? . . . It would be interesting to know whether the writer has ever been in a position to compare Colney Hatch with our provincial asylums?" To which it is answered that the writer is in such a position. If his previous knowledge had not assured him that he had in no way overstated the case, his recent communication from superintendents and others engaged in our specialty would have been sufficient to make clear that he had not overdrawn the picture of facts, exaggerated their unavoidableness, or made any suggestions which are other than humane. Perhaps even such a lesson may be learned from the asylum blessed with the ministrations (though only in a subordinate capacity) of one who "emphatically denies any knowledge whatever of such a state of neglected misery." His illustrative cases do not bear out his accuracy, justify his indignation, or excuse his cynical reflection upon my "naïveté."

In one case I read of a patient "when visited by the attendant this morning, he was standing up in his room quite naked, and all his things torn up." In another it is written—"Has been noisy and destructive for the last two nights, and will not remain in bed, wandering about the room quite naked." Then it is added, "This poor man still lingers on in the last throes of his deadly disease, but as long as digitalis is judiciously administered to him, he will drift slowly but calmly to his determined end, without trouble either to himself or his neighbours." It is to be feared that in many instances this "judicious administration" (as it is termed) of so powerful a drug as digitalis is really meant to save trouble *with* the patient and *to* "his neighbours," and causes the recipients of it to "drift," not "slowly but calmly," but speedily and distressingly, to their appointed destiny. There is no remedy which produces a more deadly faintness and indescribable prostration than digitalis. Although I almost invariably administer it at meal times in the beer of the patients, there are some who, detecting it by the effect which it produces, regard all that is subsequently given them to drink with suspicion, and even positively refuse all fluids for some days, after one dose of this medicine has been surreptitiously exhibited. But

this therapeutic scourging with the most deadly poisons—this meddlesome interference in hopeless cases—is more humane in the eyes of young enthusiasts than “a warm or temperate atmosphere, unseen but yet appreciated; yielding, but ever in closest contact, which winds itself about the surface with a soothing tenderness, and permeates every pore with its gentle influences.”

Alas! for those who are submitted to the rigorous discipline of experimental physicians, whose chief care appears to be (at Hayward's Heath) to substitute the laboured throbbings of reduced vitality for the happy *délire ambitieux* of the hopelessly paralysed and insane. Such a treatment may be countenanced by some to whom “faulty physiology” is unknown, who never propound “startling theories,” make “inaccurate observations,” or write “ill-judged papers.” It may command the approval of constituted authorities; it may excite the interest and curiosity of the scientific; it may even earn the pseudonyme of “philanthropy,” that name which seems to cover and embrace a multitude of follies. But it is of a surety based upon a false conception of the wants and exigences of disease, and of a mistaken estimate of the appliances which that disease requires.

There is something within which tells me that nothing can justify this pushing of an heroic remedy to such an extreme as is advocated in the last number of our Journal. Something without gives me the same assurance. My own observation tells me that where the processes of disease cannot be lessened by violent drugs (as in general paralysis), and the fatal issue is clearly determined, there is no excuse for their extreme exhibition. For, indeed, there is no comparison which is not in favour of the first, between the happiness of such a subject, treated as I have proposed to treat him, and the same incessantly tormented by an officious physician and attendant clothing his outside with overheating garments, and his inside with depressing and nauseating medicine “in this philanthropic age.” Other eyes, too, see as I see, and other tongues inquire to what extent this “humane treatment (*is it humane?*) of insanity” is to be carried. Some of our associates at our late annual meeting expressed to me their astonishment at the unmeasured and immodest terms in which an assistant medical officer (laying claim to “considerable diffidence”) has branded with “condemnatory” my well-matured statement and avowed belief.

But what answer is given—what answer is attempted to be given—to the typical case of acute mania which I placed on record, the like of which I have seen “over and over again,” where the patient alludes in terms of gratitude to his permitted nudity—to the relief it was to him and to the remembered “terrible insupportableness of his clothes?” The fact is there is no legitimate answer to be given to it. My friend Dr. Davey spoke to me on this matter at our late annual meeting. He has practised our specialty in a tropical

climate, seen "the naked negro panting at the line," and would then as soon have thought of wrapping up a destructive lunatic in cobwebs (as he happily expressed it) as of fettering him with any sort of clothing. It is not permitted to us here to obey the sober teachings of nature, not even if we create the artificial surroundings of an elevated temperature. The hard, the tangible, the objective, must take precedence of the soft, the intangible, the subjective. How is this? It is so written in the books. A self-created and delusive standard of happiness is set up, and we must assimilate everything thereto. Anything else is inconsistent with "the modern treatment of the insane," "admits of no sort of justification." Nudity and "neglected misery" are identical terms. It is more charitable to ply a man for twelve months with drugs, digitalis, prussic acid, in  $\text{m}10$  doses every fifteen minutes, &c. &c.

"If the perfection of treatment (I repeat) is manifested by its adaptiveness, and by the relief which it affords to the patient as evidenced by its immediate results, and by his subsequent confession, surely he is a bold man who will question its theoretical and practical soundness."

But such a man is to be found in Sussex, pasturing upon the downs of that beautiful county. He writes of my "startling theories" and "inaccurate observations," and says that "my physiology when weighed in the balance appears to be as faulty as my treatment."

Is this really so? Let us see.

"I may premise (it is written by my censor and critic) that I take the normal temperature of the human body to be  $98^{\circ} 4'$ , that being the degree settled by Dr. Aitken." I do not say that it is not so. But the average axilla temperature of four healthy and robust men, taken by me about ten at night, on three separate occasions, was  $96^{\circ} 7'$ , the back or chest temperature being  $94^{\circ} 3'$ . The average axilla temperature of four patients, destructive and maniacal, taken in the same way and nearly at the same time on three separate occasions was  $98^{\circ} 3'$ , the back or chest temperature  $97^{\circ}$ . But, to speak truly, the thermometer is not really needed to indicate hyperæsthesia or the general requirements of an insane skin. The hand passed over it; the eye directed to the general condition of the patient, will tell an experienced physician what is needed, to what extent treatment is required, and to what lengths it may be pushed. But I am certain that where the thermometer is used an increase of temperature will be found to accompany an increase of maniacal excitement, and that hyperæsthesia also is a common attendant. Again, it is urged, "We must look to the cause of the symptoms, not at the periphery, but in the nerve-centres. Towards these, then, should our plan of treatment be directed." Indeed! Let me then in my simplicity inquire what is the use and



what is the mode of action of the wet sheet, the mustard bath, the Turkish bath, and those other external appliances which are commonly regarded as peripheral in their operation and influence?

And further, is there any direct proof that the hyperæsthesia of skin is in the ratio of its elevation of temperature? In most cases it would seem to be so. Discussing on the physiology and pathology of the central nervous system, Dr. Brown-Séquard alludes to the condition of animal heat in cases of alteration of the spinal cord and the encephalon, which certainly will include the "general paralysis of the insane."

His conclusions are—"1st. That usually anæsthesia is accompanied by a diminution of temperature. 2nd. That hyperæsthesia almost always coexists with an increased temperature. 3rd. That in paralysis, without either a notable hyperæsthesia or anæsthesia, the temperature is nearly normal."

And he gives his reasons for these conclusions: "In anæsthetic parts the blood-vessels are usually contracted, and, therefore, there is less blood in them, and also a lower temperature. In hyperæsthetic parts the reverse exists."\*

This exactly bears out the opinion which I expressed in my first paper. I am content that my "faulty physiology" should assimilate in some sense to that of a physician of world-wide reputation whose name is Brown-Séquard, though, of course, I deeply regret that it does not meet the approval of one whose name is prefixed to the article which calls for this reply.

It is only necessary for me to add that I see no reason from what has occurred and what has been written to alter my views upon the "treatment of a certain class of destructive patients." What I have advocated cannot be carried out as long as men are slaves to "conventional thinkings," toy with subjective philanthropy, and turn with shuddering indignation from the objective teachings of a large experience.

If men situated as I am would have the courage to come forward and say what they think, and claim the right to practise what they believe, it would free the specialty from a dictatorial thralldom to which another branch of the profession is exposed, and which is most injurious to the moral well-being of medical superintendents of asylums. For myself, though the law may place it out of my power to practise, I will never cease to declare what I believe to be true and humane respecting the treatment of those unhappy persons in whom I am so deeply interested, and to ameliorate whose condition I am devoting the best energies of my life.

\* 'Course of Lectures on the Physiology and Pathology of the Central Nervous System,' p. 202.

## PART II.—REVIEWS.

*De la Folie Raisonnante et de l'importance du delire des actes pour le diagnostic et la médecine légale.* Par A. BRIERRE DE BOISMONT. Paris, 1867, pp. 95.

THE indefatigable M. de Boismont has lately added another to the long list of his published works, and this last arrival is not less welcome than its predecessors. It is, indeed, encouraging to see the earnestness with which a man so celebrated in his specialty still labours to give his *confrères* the results of his ripe experience, and through them the public at large, thus conferring a double benefit. There is, perhaps, no subject on which the public require so much to be enlightened as on insanity, and none of which the general ignorance works more harm. Every fresh trial shows how faulty are the notions of even educated and intelligent men on this subject, and how absurd are some of the judicial fictions, based as they are on the errors and want of observation of half a century or more ago; we can, then, hardly wonder that the unreflecting and credulous public should follow in a similar track.

There is no better remedy for such a state of things than the extensive record of well-observed facts and cases, for the cumulative force of such evidence tells in time and carries a weight which is denied to the ingenious theories of original speculation. M. de Boismont's last contribution is of this useful though unpretending character, and is a sort of running commentary on five and twenty cases of a class which we in this country are in the habit of calling "moral" insanity. By this term we would not imply mere cases of vicious habits or ill-regulated passion without intellectual disturbance, but also those of altered character, disordered affections, and perversities of disposition, noticed with exaltation or depression, illusion, and epilepsy, or alternating with such conditions.

Such cases are a lesson to those who can only see insanity in either the raving or idiotic; and we agree with the author, that the best cure for such a creed is to lay before the public a few "portraits after nature" of this "reasoning madness." "If," he says, "there ever was a fact determined by practical experience, it is this, viz. the existence of a class of the insane who can talk, write, and act for hours together, and even longer, with every appearance of reason.

Reasonable language and foolish actions have their analogues in the world. Is it not, indeed, the ordinary habit of a number of people who, after having charmed one by their cleverness and reasoning, proceed to risk their fortune, their life and honour, in the most foolish and compromising enterprises? These analogies are especially evident in the morally insane, and the cases we are about to relate show that these patients speak, write, and behave themselves like other men in their lucid intervals and when they are on their guard; but when they return to asylum life and are subject to daily observation they show their real character, and in the immense majority of cases, their acts, and often even their words, dissipate all doubts."

The following case (Obs. 3, p. 10) is an instance of mania, as evidenced by the acts of the patient, without incoherence:—"Madoiselle J., æt. 21, whose mother was weak-minded and devoid of resolution, has been several times placed in my establishment for attacks of mania which seemed to originate in disappointments in marriage. This young lady becomes very anxious to ask questions, demanding an explanation on every subject, so that every one avoids her to escape the torment. When the attack is fully developed her actions offer the most painful contrast to her words. She tears off portions of skin; covers the walls with her excrement, throwing it into her bed or secreting it in her mattress. She removes the horsehair from the furniture, the feathers from her pillows, and destroys her clothes. If her conduct is remarked on, she replies that her malady overpowers her; that she suffers dreadfully from *ennui*; and that she acts thus to bewilder herself and give another course to her ideas. Is there, she says, anything more horrible than to be shut up with lunatics? Death is a hundred times preferable to such a position; it would be far better to take me back to my mother; I should then be cared for at home, and I should escape from this scene and these thoughts. In her periods of excitement, which last for weeks, sometimes a month or two, she does not talk incoherently, she refers all that she has said to her malady, of which she is quite conscious. Her cries, her fury, her actions, her agitation, are only, according to her, the consequence of her state of suffering; one has to yield to her request to leave, but when she has got home she finds it impossible to remain there. She disappears, goes off by the train, is searched for in all directions, and has to be brought back to the asylum.

"This young lady, who is of agreeable manners and well off, wishes to marry, and several suitable persons have made her offers since her return into society, but her disease has left an irresolution which, happily, puts obstacles in the way of every offer, for insanity is constantly in view. On several occasions the engagements have gone so far that presents have been bought and the day fixed, &c.,

but at the last moment she has abruptly broken it off, and often with very harsh speeches. No sooner has she done this than she is seized with the most lively regrets and makes attempts to renew it; and this has gone on for years."

Hypochondriasis and melancholia, when not very well marked, and even when of the ordinary type, are often at their commencement attended by symptoms of moral insanity, and are not unfrequently misinterpreted by those unacquainted with the insane. In such cases the patients appear reasonable, have no delusions, can distinguish right from wrong, and behave themselves properly, but on closer examination, a change in disposition is noticed and their affections undergo a complete change; they become irritable and malicious. Such cases prove very troublesome to every one, both to friends and doctors, and our author gives several illustrations from his own experience.

These symptoms may coexist with delusions, or tendency to suicide, and are sometimes associated with impulsive mania and give rise to acts of violence.

The following case is a good example of the course pursued by some of these patients, and the misery and annoyance they cause to others:—

"Madame G., æt. 55, of strong constitution, and sanguine, nervous temperament. Among her near relations is one who is imbecile; and one of her parents, a very eccentric and rather immoral man, set her the example of strange conduct, and in early life poisoned her mind by loose reading. Her conversation and letters give evidence of an intelligent and cultivated mind, and it would be difficult to discover when she is on her guard or during her lucid intervals any trace of intellectual derangement. Married to an official of high rank, her instinctive tendencies soon manifested themselves, and her vagaries became so notorious as to involve a speedy judicial separation. She was first placed in a religious establishment, but her conduct was such she could not remain there, and she was brought back to her father's house, where she behaved in such a manner that her further residence was impossible. Her restlessness and the inequality of her temper, her threats, paroxysms of fury, and acts which had not even the excuse of passion, forced her husband to place her in an asylum. This was the first trial. Madame G. made use of all the resources of her mind, caused a disturbance in the establishment, made an attempt at suicide, wrote letters to the authorities, and succeeded in regaining her liberty.

The hatred with which her husband had inspired her, and which her frequent seclusions had increased, suggested to her a plan which caused him the greatest annoyances. She wrote anonymous letters, so much the more dangerous and perfidious since they entered into the most private affairs and could only be incompletely answered.

Every time that she practised this manœuvre she succeeded in doing her husband some injury, though the author of the mischief was not known.

“Having regained her liberty, Madame G. gave herself up to the unrestrained gratification of her passions, and her husband was driven, for the sake of her children as well as herself, to shut her up again. She was placed in an asylum to which we were attached. Her antecedents and mental disease made us alive to noticing her words and acts. When things went as she liked she behaved agreeably, only it was needful to keep at a distance, for there was no rest while any man was near her. Young and old, gentlemen and servants, were all the same, and one could feel no security while she was within reach of any of the male sex.

“The variations in her temper were extreme. She talked, got angry, laughed, wept, and refused to speak by turns; and when vexed, if you made a simple observation, she went into a great passion and poured forth a torrent of abuse. After having had recourse to every possible artifice to attain her object, she made the establishment the object of her attack, and sent letters to the authorities. A magistrate came to examine her, and listened to the account given him, but though he might have had confidence in the director, yet, dazzled by the very clever defence of Madame G., who laid all her wrongs to her husband to whom she attributed all her misery, he raised some objections to which it became necessary to reply. It was needful to acquaint the husband, who, after having seen the Procureur Imperial, was obliged to take his wife back again. Perhaps, also, the father, who could never quite believe in the madness of his daughter, may have contributed to this result.

“Two years passed without any great complaint. This lady lived with her father, but at last her inequalities of temper, rages, and vagaries were too much for the love and patience of him who was her only friend and protector. This time it was with his consent that she was brought back to the asylum where she had been placed on the last occasion. When we saw her the day after her admission she smiled and said, ‘Since they insist that I am mad, and have even made use of an artifice to confine me, I prefer to be sent to your care. I believe you to be an honest man, and am convinced that after having observed and recognised the tranquillity of my mind and conduct, you will order the doors to be opened for me. I do not now wish to return to my father’s, but I should ask to be received into a convent, or in an ordinary boarding-house, where I could go in and out as I please.’ Madame G. did not talk incoherently now any more than she did at first. Her conversation, when she was pretty contented, was lively, brilliant, and often impassioned, but never exceeding proper bounds. Her reproaches of her husband’s conduct

appeared to have some foundation, and might easily have imposed on people if they had not been misled by her perfidious character and anonymous letters. She soon became amorously disposed towards the doctors, the director of the establishment, and his relations, made them each propositions before their wives, and wrote them letters and verses. This lady, despite her mental attainments, and forgetful of the ravages of time, would show herself barely covered, and when she thought she was alone, had but little respect for decency. A word or gesture of disapprobation was enough to excite her anger to the utmost, she filled the house with complaints, cries and abuse; she rolled on the ground with her hair and dress in disorder, or else she gave herself up to a fit of despair which rendered it needful to have her carefully watched; she would then ask to change her abode, and recommenced her complaints of arbitrary detention. Under other circumstances she was ironical and given to sneer at and ridicule everything said to her. Impressionable, and changeable to the last degree, she would turn her back on those she best liked for a whole day for a mere trifle, and often without any apparent cause, and then return with the same cordiality as ever, melting into tears, and bursting out laughing as though her friendship had never been interrupted. To see her in these moods, which were of very frequent recurrence, one would never have doubted but that she might have been kept at home, but her self-control altered her as she chose. Before a stranger she assumed a calm demeanour, and entered into conversation without betraying any signs of her mental malady. On several occasions she has mixed in society and behaved herself most properly, not giving way to her feelings in any way.

"This case from its nature gave rise to many complications, and the patient's discharge was several times ordered by the authorities, but the interposition of the Procureur was requested. This functionary, after listening to all sides, visited her apartment. He found the walls covered with pictures, flowers, ribbons, letters, papers, and decorations, the arrangement of which and their oddity showed at once the disorder of her imagination, and the Procureur said the sight of this satisfied him, and that her proper place was in an asylum."

We have given this case at length as a good illustration of a class. It is not uncommon for this form of insanity to show itself at the commencement of general paralysis, but it is seen in a very characteristic manner in the case of chronic alcoholism, *i. e.* in those who drink in paroxysms. Such cases are well known in private practice, and the difficulty of retaining them legally is not one of their least troublesome features. Speaking of this, M. de Boismont says :—

"We have had charge of many ladies well brought up, who have been found half-naked in very low places, who on coming to them—

selves have found a thousand specious reasons to explain, justify, or even deny their conduct. At first they were kept at their own homes, for their reasoning was so clear that the authorities refused to allow their seclusion; but their disgraceful conduct, so little in accordance with their rank, their education, and the scandalous scenes they caused, have in the end convinced the powers that be, and they have been shut up. Once in confinement, no trace of mental disorder showed itself, but then began the appeals and complaints to the magistrates, plots and disorder in the establishment, and more than once there was no other course open than to send these 'reasoning lunatics' back to their families; however, to gratify their deplorable inclinations, they would stop at nothing, and several abandoned themselves to the lowest companions. This form of insanity is so familiar to us that we now refuse to take such patients."

There remains another class of the insane liable to these symptoms, viz. epileptics, and in them it may be followed by terrible consequences—murder and suicide having often been the result, as illustrated by the murder of two attendants at the Marseilles Asylum only last year. Of this class Trousseau said, "If a man, without any previous intellectual disturbance, and without having hitherto shown any sign of excitement, without being under the influence of alcohol or any other substance exercising an energetic action over the nervous system, commits suicide or kills any one, that man is an epileptic."

It is these cases of moral insanity that the public cannot understand, and which so often get liberated when their wrongs are brought forward, to the great damage of society, friends, morality, truth, and science, and for illustrations we can refer the sceptical to M. de Boismont's pages. There is one point in its diagnosis which deserves especial consideration, and that is the influence of hereditary taint, and also of the antecedents of the patients. Thus in the twenty-five cases alluded to it was found that one of the patients was half imbecile from birth; another was epileptic, with also derangement of the intellect; seven were odd, eccentric, irritable, unstable, and irresolute, and of these, one had had a previous attack of insanity. But the most distinctive character is the insanity of the acts, while the reasoning is clear and the language coherent. It is this, too, which so often gives rise to so much misery to others, the patients being generally malicious, if not violent, and disposed to every degrading passion. M. de Boismont says towards the close of his pages—

"The relation of the facts contained in this work is, for every enlightened man, a proof of the existence of a variety of lunatics who can speak, write, and act for a longer or shorter period with every appearance of reason. The first conclusion to be drawn from the

examination of these patients is, that the reasoning powers are susceptible of being deranged and injured in their functions in the same way as those of the heart, lungs, or stomach. The second inference, not less important, is, that insanity, like other diseases, is governed by laws like those regulating health. It is, then, essential, in order to study the insane, to fully understand the sane man who must be taken as the starting-point. The third conclusion is, that insanity may show itself while the reasoning powers remain, although the idea on which it rests is false, a matter which much increases the difficulty of diagnosis as regards questions of legal medicine."

The conclusions with which M. de Boismont sums up his work are as follows:—

"1st. There exists a variety of insanity in which the patients express themselves with every appearance of reason, and which is styled 'reasoning madness' (in English, moral insanity); the knowledge of it being acquired all the better by studying the sane man, from whom the lunatic is a mere deviation.

"2nd. This variety of insanity is observed under different forms, but more particularly in that of maniacal excitement, melancholy, impulsive monomania, and the alternating states, &c.

"3rd. This manifestation of insanity, which is only a symptom, may be sometimes so prominent that the secondary may seem to take the place of the primary disease. Prolonged observation generally discovers in the end some of the principal symptoms of insanity.

"4th. Moral insanity presents as its distinctive characters insane actions, and bad animal propensities, with rational conversation. Observation shows that, when there is no great excitement, and the patient is not on his guard, intellectual disturbance may then often be apparent in conversation.

"5th. They may continue to use reasonable language in writing, but, when these patients are studied for some time, the insanity of their actions reveals itself also in their writings.

"6th. The recognition of moral insanity is the more important in its relations to legal medicine, inasmuch as these patients are disposed to do wrong. Among the ordinary acts of the morally insane are calumnious or anonymous statements, plots, slandering, lying in every form, dishonorable actions, homicide, suicide, accusations of violence, theft, immorality, lawsuits for arbitrary detention, claims for damages, &c.

"7th. There exists an important difference in character between the sane and morally insane; the former, when they are not criminal, generally repress or repent of bad impulses when they have given way to them, but the latter, not thinking themselves in fault, hardly concern themselves about such acts, nor consider them worthy of blame.

"8th. Another characteristic, not less important, is the impossi-



bility of these patients keeping to one thing or showing any stability of purpose during the persistence of their disease.

"9th. Lastly, when the morally insane conceal their morbid ideas, causing doubts as to their reality, and do not commit injurious acts, the only course is to leave them at liberty, warning them they are the arbiters of their own fate."

G. M. B.

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*Inaugural Address delivered to the University of St. Andrew's, February 1st, 1867.* By JOHN STUART MILL, M.P., Rector of the University.

COMPLYING with the custom, which he holds to be highly commendable, of embodying in an address some thoughts on the subjects which most nearly concern a seat of liberal education, Mr. Mill has taken the opportunity of his inauguration as Rector of the University of St. Andrew's to express his opinions upon what should be the character of university education. It has become a great question of the day whether general education should be classical or scientific; a dispute going on in a smouldering way, and occasionally lighting up into fierceness, as to the superiority of the ancient languages or of the modern sciences and arts. To impartial on-lookers it is sufficiently plain that the champions of each cause are far too one-sided; they are acutely alive to the merits of their own case, singularly blind to the merits of the case which their adversaries present. It is the old story, as old as life: has the shield a golden or a silver side?

"This question, whether we should be taught the classics or the sciences, seems to me," says Mr. Mill, "very like a dispute whether painters should cultivate drawing or colouring, or, to use a more homely illustration, whether a tailor should make coats or trousers. I can only reply by the question, why not both? Can anything deserve the name of a good education which does not include literature and science too? If there were no more to be said than that scientific education teaches us to think, and literary education to express our thoughts, do we not require both? Can anything deserve the name of a good education which does not include literature and science too? If there were no more to be said than that scientific education teaches us to think, and literary education to express our thoughts, do we not require both? And is not any one a poor, maimed, lopsided fragment of humanity who is deficient in either? We are not obliged to ask ourselves whether it is more important to know the languages or the sciences. Short as life is, and shorter still as we make it by the time we waste on things which are neither business, nor meditation, nor pleasure, we are not so badly off that

our scholars need be ignorant of the laws and properties of the world they live in, or our scientific men destitute of poetic feeling and artistic cultivation."

Granting all this as theoretically most desirable, it may perhaps be objected that human life is short; that only a small part of it can be devoted to education in a world in which no manna drops from heaven, no benevolent ravens come with eager flight to feed the hungry; that the race of life is on the whole to the swift, and the battle of life to the strong; and that the swiftness wanted in the rude struggle for existence is not the swift flight of a cultivated imagination, the strength wanted not the strength of poetic feeling. It may be asked whether it is not more to a man's advantage, who has his way to make in this rude world, to be destitute of the delicate grace of cultivated feeling and of the torturing ingenuity of an acute and active imagination. By thinking too precisely on the event, and by bending his course in accordance with the sensibilities of delicate feelings, a man is very apt to be pronounced not practical, and to be considered of small hope in the world. He will be quite as badly off if he carry his imagination beyond the things that are immediately under his eye, and get the reputation of a visionary or fanatic. This is an aspect of the question which Mr. Mill does not enter upon, and it was unnecessary to do so. What he does point out very forcibly is how strangely limited is the estimate usually made of what it is possible for human beings to learn.

"So narrow a conception," he says, "not only vitiates our idea of education, but actually, if we receive it, darkens our anticipations as to the future progress of mankind. For if the inexorable condition of human life make it useless for one man to attempt to know more than one thing, what is to become of the human intellect as facts accumulate? In every generation, and now more rapidly than ever, the things which it is necessary that somebody should know are more and more multiplied. Every department of knowledge becomes so loaded with details that one who endeavours to know it with minute accuracy must confine himself to a smaller and smaller portion of the whole extent; every science and art must be cut up into subdivisions until each man's portion, the district which he thoroughly knows, bears about the same ratio to the whole range of useful knowledge that the art of putting on a pin's head does to the field of human industry. Now, if in order to know that little completely it is necessary to remain wholly ignorant of all the rest, what will soon be the worth of a man for any human purpose except his own infinitesimal fraction of human wants and requirements. His state will be even worse than that of simple ignorance."

Mr. Mill is of opinion that there is no ground for so dreary an anticipation; on the contrary, he is convinced that it is quite possible to combine a minute knowledge of one or a few things with a general knowledge of many things, understanding by general knowledge not a superficial knowledge, but a true conception of the subject in its great features. The minor details should be left to those who require them for the purposes of their special pursuit; it is

idle to throw away time upon the details of anything which is to form no part in the occupation of our practical energies.

It by no means follows, however, that every useful branch of general knowledge should be included in the curriculum of school or university studies. The modern languages may be much more easily acquired by intercourse with those who use them; a few months in the country itself, if properly employed, go so much farther than many years of school lessons, that it is really waste of time for those to whom the easier mode is attainable to labour at them with no help but that of books and masters. The only languages and the only literature to which Mr. Mill would allow a place in the ordinary curriculum, are those of the Greeks and Romans; and to those he would preserve the position in it which they at present occupy. If this be done, we fear there will be very little margin left for improvement. The practice of translating with accuracy from one language to another Mr. Mill believes to be the best corrective of the tendency of mankind to mistake words for things; and he holds the Greek language to be the best for this purpose. It may be doubted whether his scientific readers will agree with him in this opinion. Much of Greek philosophy consists of vague words having no precise and definite facts beneath them, and it is not easy to perceive how a youth will profit greatly by translating thought that has meaning into words that have none. The study of some modern languages embodying the acquisitions of modern philosophy and the results of science, would seem far better fitted to secure exact attention to the meaning of words. The researches of science have in fact given exact definitions, and made known the relations, of a multitude of facts about which Greek philosophy vainly and vaguely speculated; and not the least of the evils springing from the present system of university education is that on account of the large esteem given to Greek literature, and the small esteem given to science, many people go on through life mistaking for philosophy empty abstractions with pretentious names, which have no meaning when brought to the test of facts. The philosophy of the schools now is very much what the philosophy of the schools was in Bacon's time—an elaborately constructed net of words ensnaring for life many minds that deserve a better fate. What the advocates of scientific education demand, and very justly demand, is that the university curriculum should be so modified that those who are being trained there should be made acquainted with the *facts* of the universe so far as they are known, apart from the *names* which any school of ancient philosophers may have chosen to give to such obscure intimations of them as they had; for we may assume it to be necessary in the long run that the human intellect be nourished not on names, even though these be Greek names, but on facts. Having given these opinions, we shall make no comment on the

following passage :—"Modern phraseology never conveys the exact meaning of a Greek writer ; it cannot do so, except by a diffuse explanatory circumlocution which no translator dare use. We must be able, in a certain degree, to think in Greek if we would represent to ourselves how a Greek thought ; and this not only in the abstruse region of metaphysics, but about the political, religious, and even domestic concerns of life." Certainly it would require a considerable circumlocution to make intelligible to the student of modern metaphysics the Greek's ideas regarding the first principle of things, the unchangeable essences or entities of which phenomena were but the changeable manifestations, and the hierarchy of souls. Nor, we think, would it conduce much to a student's advantage if it were done.

Let it not be thought that we undervalue the liberalising, refining, and enlightening influence of the study of Greek and Latin authors. Far from it ; we appreciate such benefits as highly as Mr. Mill can ; but we feel that he is not penetrated with the spirit of modern science, that in respect of certain subjects he belongs to an epoch of thought which is almost past, that he fails therefore to appreciate at their proper value the far-reaching claims of science, and unwittingly assigns to Greek and Roman literature too prominent a position in a scheme of education. The time available for a university training is limited ; the matter for study is really unlimited ; and the question is so to proportion different studies as to lay the best foundation of future development. We cannot help thinking that if the student has to study Greek so thoroughly that he shall be able to think in Greek, he will have done what he ought not to have done, will have left undone what he ought to have done, and that there will be but little health of mind in him.

It will be gratifying to those who remember how lightly Mr. Mill has spoken of physiology in his earlier works, and even until quite recently, to perceive that he has now awakened to a feeling of its importance.

"The practice which it gives in the study of nature is such as no other physical science affords in the same kind, and is the best introduction to the difficult question of politics and social life. . . . Take what view we will of man as a spiritual being, one part of his nature is far more like another than either of them is like anything else. In the organic world we study nature under disadvantages very similar to those which affect the study of moral and political phenomena ; our means of making experiments are almost as limited, while the extreme complexity of the facts makes the conclusions of general reasoning unusually precarious on account of the vast number of circumstances that conspire to determine the result. Yet in spite of these obstacles it is found possible in physiology to arrive at a considerable number of well-ascertained and important truths. This therefore is an excellent school in which to study the means of overcoming similar difficulties elsewhere. . . . Physiology at its upper extremity touches on psychology, or the philosophy of mind ; and, without raising any disputed

questions about the limits between matter and spirit, the nerves and brain are admitted to have so intimate a connection with the mental operations, that the student of the last cannot dispense with a considerable knowledge of the first."

Were it not perhaps better if the student of the last had more than a considerable knowledge of the first? The portion of physiology which touches on, or, more correctly, which underlies, psychology is the most complex and difficult department of the science, and to get anything like just conceptions of it there is required a full and exact knowledge of all those departments of physiology that are concerned with structures lower in the scale of life than the nervous system. In reality, it is an acquaintance with the whole region of organization, at the head of which stands the nervous system, that the student of psychology must make up his mind he cannot dispense with. Only so will he be able to acquire an order of conceptions essential to the interpretation of the phenomena of the mental organisation. There is no miraculous virtue in physiology to inspire with intuition the psychologist who touches only the hem of its garment. And, however unwilling he may be to believe the fact, it admits of no dispute now, that the question between him and the physiologist concerning mental phenomena is not a question of one of the two having some smattering of the doctrines of the other, but a fundamental question of method of study.

But we must hasten to make an end of these remarks. It is impossible to give a just idea of Mr. Mill's admirable address by short extracts and desultory commentaries. Pregnant with suggestions for reflection and discussion, it deals with many more subjects than those to which we have adverted. Animated with earnest feeling, its language at times is well adapted to awaken noble aims and generous aspirations. We quote the concluding remarks,—

"And now, having travelled with you over the whole range of the materials and training which an university supplies as a preparation for the higher uses of life, it is almost needless to add any exhortation to you to profit by the gift. Now is your opportunity for gaining a degree of insight into subjects larger and more ennobling than the minutiae of a business or a profession, and for acquiring a facility of using your minds in all that concerns the higher interests of man, which you will carry with you into the occupations of active life, and which will prevent even the short intervals of time which that may leave you from being altogether lost for noble purposes. Having once conquered the first difficulties, the only ones of which the irksomeness surpasses the interest; having turned the point beyond which what was once a task becomes a pleasure; in even the busiest after-life the higher powers of your mind will make progress imperceptibly, by the spontaneous exercise of your thoughts, and by the lessons you will know how to learn from daily experience. So, at least, it will be if in your early studies you have fixed your eyes upon the ultimate end from which those studies take their chief value—that of making you more effective combatants in the great fight which never ceases to rage between good and evil, and more

equal to coping with the ever new problems which the changing course of human nature and human society present to be resolved. Aims like these commonly retain the footing which they have once established in the mind; and their presence in our thoughts keeps our higher faculties in exercise, and makes us consider the acquirements and powers which we store up at any time of our lives, as a mental capital, to be freely expended in helping forward any mode which presents itself of making mankind in any respect wiser or better, or placing any portion of human affairs on a more sensible and rational footing than its existing one. There is not one of us who may not qualify himself so to improve the average amount of opportunities, as to leave his fellow-creatures some little the better for the use he has known how to make of his intellect. To make this little greater, let us strive to keep ourselves acquainted with the best thoughts that are brought forth by the original minds of the age, that we may know what movements stand most in need of our aid, and that, as far as depends on us, the good seed may not fall on a rock and perish without reaching the soil in which it might have germinated and flourished. You are to be a part of the public who are to welcome, encourage, and help forward the future intellectual benefactors of humanity; and you are, if possible, to furnish your contingent to the number of those benefactors. Nor let any one be discouraged by what may seem, in moments of despondency, the lack of time and of opportunity. Those who know how to employ opportunities will often find that they can create them, and what we achieve depends less on the amount of time we possess than on the use we make of our time. You and your like are the hope and resource of your country in the coming generation. All great things which that generation is destined to do, have to be done by some like you; several will assuredly be done by persons for whom society has done much less, to whom it has given far less preparation than those whom I am now addressing. I do not attempt to instigate you by the prospect of direct rewards, either earthly or heavenly; the less we think about being rewarded in either way the better for us. But there is one reward which will not fail you, and which may be called disinterested, because it is not a consequence, but is inherent in the very fact of deserving it—the deeper and more varied interest you will feel in life, which will give it a tenfold value, and a value which will last to the end. All merely personal objects grow less valuable as we advance in life; this not only endures but increases.”

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*Excerpta from the Annual Reports for 1866 of the County and Borough Lunatic Asylums and Lunatic Hospitals of England and Wales.*

ALL the public lunatic asylums of the country having by this time published their annual reports, it behoves us again to examine their contents, and endeavour, as far as is in our power, to extract from each whatever may seem to us to be of interest and utility to the general readers of this Journal. It is gratifying to observe that an increased number contain the statistical tables recommended by

the Medico-Psychological Association, and sanctioned, and in truth lauded, by the Commissioners in Lunacy in their last report. Indeed, those reports not containing these tables form the exception, not the rule, and we dare hope that ere long even many of them will help to swell the majority, for in looking through these reports, although the reader may be fully and very properly impressed with the amount of useful information they contain, he is soon lost in the endeavour, if he be rash enough to make the attempt, to turn the knowledge therein found to any practical utility; therefore any approach to uniformity is much to be desired, and it behoves all "good men and true" to use their best endeavours to compass the evil by all the means in their power. Although these reports are plentifully distributed, and the public have nowadays ready means of ingress into most of our large asylums, it is surprising how ignorant many people are concerning them and their inmates. Thus, the 'British Medical Journal,' in a recent number, has noticed an article lately published in the 'Pall Mall Gazette,' in which the writer "broadly affirms that the lunatic asylum has its attraction for the honest pauper as the gaol has for the idle thief," with more to the same effect. This is almost totally untrue, and the 'British Medical Journal' is quite correct in affirming that the writer has been very ill-informed; indeed, the very reverse is the fact, for it is a most rare thing to find a lunatic willing to remain in an asylum an hour longer than he can help, and we have often and often been amazed by patients begging to be allowed to leave an asylum, even if it be but to go to the workhouse, rather than remain deprived of liberty and under the stigma of being a lunatic, although they may be receiving every possible indulgence short of complete freedom.

In critically examining these reports there is one little point that we should think cannot fail to strike the unbiassed observer as a decided injustice, if not an absolute wrong. We refer to the low amount of salary offered in many asylums to the assistant medical officers as compared with that enjoyed by the medical superintendents. Whilst such an injustice continues can it be wondered at that one seldom meets a medical superintendent that he does not complain bitterly of the difficulty of obtaining competent and well-conducted assistant medical officers, and that we so frequently hear of things happening in asylums that should not, and in which the junior medical officer is to blame. For, the emolument being so small, the men who compete for this post in our asylums belong almost invariably to one of two classes. In the one class we find men who have embraced the psychological branch of the profession, meaning to remain in it, and are therefore willing to pass a certain number of years, receiving a mere honorarium for their services, in the hopes of eventually gaining promotion to the superior post of medical superintendent. In the other class, and this is by far the

most numerous class, we find either men who have failed in other branches of the profession, or the least successful men of the London and Edinburgh schools. The former class, having a settled object to gain, almost invariably make good officers, but, owing to their small number, are not easily to be obtained. Of the latter generally the less said possibly the better. What, however, would be the result if from £150 to £200 a year was offered? Why, instead of getting the worse specimens from the schools, we should get nearly the best—men well versed in the groundwork of their profession, and able and willing to bring their young and ardent energies to bear to help to elucidate the obscurity still clouding the science and practice of psychological medicine. Besides, medical superintendents are often absent from their duties, and it is daily becoming more manifest that they cannot properly perform their work and remain in good bodily and mental health without a long leave of absence, varying from one to two or three months in each year; and during this absence the assistant medical officer is perforce and of right the person in charge of the asylum, and the whole responsibility of this charge rests on his shoulders. Now, is it seemly, or even just, to the many sane and insane persons he has unlimited control over, that they should thus be at the mercy of, to put it mildly, an inferior man? Certainly not, and we trust that the day is not far distant when this evil will be remedied. Already some superintendents have taken the initiative; and we find the salaries of the assistant medical officers in the Somerset, Northampton, Sussex, Abergavenny, and other asylums, slowly creeping up. There is also another point which, if altered, would very materially improve the position of the second medical officer, namely, if the title of deputy medical superintendent, which this officer really is, was universally adopted, instead of the various titles by which he is at present known.

*Buckinghamshire.—Fourteenth Annual Report on the County Pauper Lunatic Asylum.* Mr. JOHN HUMPHREY, Medical Superintendent.

THIS asylum contains 325 inmates, namely, 134 males, 191 females; and the amount charged per head was in three quarters 9s. 4d., and in one quarter 8s. 9d. The report of the Commissioners in Lunacy is, on the whole, favorable. The mortality during the year was low, being only at the rate of 9 per cent. on the average numbers resident. The inmates of this asylum are allowed as much liberty as is consistent with their safety, and several have, during the past year, enjoyed the privilege of spending from one to seven days with their relatives. This is a boon that should be much



appreciated, or it cannot recompense the officers for the anxiety and worry it causes.

*Ninth Annual Report of the Committee of Visitors of the Cambridge, Isle of Ely, and Borough of Cambridge Pauper Lunatic Asylum.*

GEORGE WILLIAM LAWRENCE, Esq., M.D., Medical Superintendent.

THE committee of visitors in their annual report remark that the sewage of the asylum having been used on the land, good crops have resulted, not only of cereals, but of roots. The committee also report that they have terminated their contract with the Cambridge University and Town Waterworks Company, owing to the company wishing to charge them £146 per annum, this being at the rate of about 9s. 9d. per head per annum on 300 patients. For about £320 they have sunk a well and built a steam-engine and engine-house, and propose to work the engine at an estimated cost of £40 per annum.

The lady who has been matron of the asylum since 1858 having retired, the wife of the clerk and steward was appointed in her stead. We cannot avoid protesting against such an appointment, as being, to say the least, ill judged, and, if not tending to weaken the authority of the medical superintendent, manifestly fraught with trouble for him in the future. It was a decided departure from the policy that has of late been pursued in most county asylums. This asylum, although containing nearly 300 patients, has no assistant medical officer. We cannot conceive how the committee of visitors reconcile themselves to the belief that they are doing their duty to the 300 patients under their charge as long as they neglect to fill up such an office.

We regret much to find, from the report of the committee, that Dr. Lawrence has been ill, and has required a lengthened absence; but we trust that his health will be soon permanently re-established.

In remarking on the deaths during the year, Dr. Lawrence congratulates himself and the visitors on the fact that there has been no death from epilepsy at night by suffocation. This he attributes to an epileptic pillow, which he has invented. It has been in use for three years, during which time no death from suffocation has occurred.

Dr. Lawrence relates a curious accident; it was in this wise:

"A boy, whilst gathering watercresses, twisted his left leg under him, and hurt his knee-joint. He was able to get back to the asylum with difficulty and was placed in bed. There was much pain and swelling for some days, at the end of which time there was discovered in his knee-joint a small hard substance, circular and capable of but slight movement, which I thought to

be a piece of detached bone, broken off by muscular action, or by the strain on the ligaments at the time of the accident. He lay several weeks with the leg in splints, but without recovering the use of the knee. The case was one of doubt, many of the surgeons who saw it thinking it a case of loose cartilage. As the boy was a harmless imbecile and much improved, we applied for his admission to the Cambridge Hospital, and he was discharged on trial. The case was operated upon by Dr. Humphry with very great skill, and the foreign body proved to be a piece of detached bone with articular cartilage on one side. The case has now gone on without a bad symptom, and the boy will shortly return to the asylum. Dr. Humphry considers the case unique."

*Second Annual Report of the Committee of Visitors of the Joint Counties Asylum, Carmarthen.* FRANCIS WILTON, Esq., Medical Superintendent.

THIS new asylum for the counties of Carmarthen, Cardigan, and Pembroke, contained, on the last day of the year, 60 males and 39 females, in all 99 patients. The medical superintendent reports that in the early part of August several patients were attacked with choleraic diarrhoea, from which three died.

The asylum has not been opened for the reception of patients very many months; but Mr. Wilton has already introduced recreation of all kinds; and croquet, dropball, football, quoiting, and cricket, have been the out-door games; whilst battledore and shuttlecock, bowls, cards, bagatelle, draughts, &c., have formed the principal in-door amusements. Moreover, the Commissioners report most favorably on the asylum, which has not been opened without great and many difficulties.

*The Report of the Committee of Visitors, Superintendent, and Chaplain, of the Cheshire Lunatic Asylum.* HENRY LEWIS HARPER, M.D., Medical Superintendent.

THIS asylum contained, on the 31st December, 238 males and 243 females, in all 481; and the committee "feel gratified in being able to report that under the superintendency of Dr. Harper," who has recently succeeded Dr. Brushfield, "the affairs of the asylum have been conducted in a satisfactory manner." The asylum is quite full, and the numbers are increasing at the rate of 40 per annum; therefore application was made to the guardians of all the unions in the county to know whether they could receive certain of the lunatics into their unions, under the section in the recent Act of Parliament; but in no case was there the requisite accommodation, consequently the committee are about to enlarge the asylum.

Dr. Harper remarks, in his report, that one patient, a man, on

admission, was found to have several bruises on various parts of his body, and shortly afterwards was discovered to be suffering from fractured ribs, evidently the result of violence previous to his admission into the asylum. Dr. Harper may congratulate himself that this injury was detected immediately *on admission*, and shows how wise was the recent recommendation of the Commissioners in Lunacy, that each patient should be minutely examined by a responsible person, directly on admission into an asylum.

*Fifth Annual Report of the Cumberland and Westmoreland Lunatic Asylum.* T. S. CLOUSTON, Esq., M.D., Medical Superintendent.

THIS asylum contained at the end of last year 278 patients, viz. 159 males and 119 females; and the committee report that the state and condition of the asylum is most satisfactory; that a new west wing having been completed, the whole of the lunatics chargeable to the two counties, for whom it was necessary to provide accommodation, and who were in a fit state to be removed, have been now brought to Garlands, and there is still room to receive forty-six additional patients there. This new block contains accommodation for 100 women, and Dr. Clouston thus writes of it:

"It is," he says, "a narrow building, with plenty of windows and no corridors, and therefore the rooms are light and airy. Every room in it has a through ventilation, both by means of the windows, and ventilators near the roof and floor that can be opened or shut, so that it is thoroughly well ventilated, without, I hope, being too cold. In the evening, when the gas is lighted, ventilation is provided for by openings above each gas-burner in the ceiling, so that the bad air from the gas is carried away, and a constant upward current created. There is no other system of ventilation, and no system of heating but by open fireplaces. The water closets, bath rooms, and lavatories, are all placed in a special offshoot connected with the main building by a narrow neck with windows on both sides of it, so that any smells are cut off from entering the day rooms or sleeping rooms by a cross current of air. All the sleeping accommodation is in the form of associated dormitories, except six single rooms to which noisy patients may be removed.

"The infirmary for twenty patients will be a great advantage to the institution. All the furniture except the chairs has been made here. In that way its strength and soundness is secured. All the linen has been made up by the women, and the mattresses were made on the premises. In this way, doubtless, some saving of cost has been effected, but, what is of more importance, sound, durable articles have been got without any trouble with contractors."

It will be in the memory of most our readers that in former numbers the difficulties experienced at the Cumberland and Westmoreland Asylum respecting the utilisation of the sewerage and the severe epidemic of dysentery from which the inmates suffered were detailed and discussed. The following may be added as an appendix:

"The general health of the patients has been on the whole very good. The only exceptions were two or three slight outbreaks of diarrhoea among a few of the patients, accompanied in two or three cases by dysenteric symptoms. The cause, I have no doubt, was sewage emanations. McDougall's system of deodorization of the sewage by carbolic acid I cannot pronounce a complete success. It is true it was subjected to perhaps too severe a test. The sewage was run on to undrained land with a clay subsoil. It could not percolate down through the soil, and however completely the sewage was deodorized at first, yet it will necessarily decompose and give off injurious gases, except the soil absorbs and transforms it. I never could detect any offensive smell from the sewage when first run on to the land, but since it has been run off in a covered drain we have had no more diarrhoea. The field over which it is to run is not yet levelled and drained, and until that is done we shall try no more experiments with it."

This matter of the utilisation of the sewage is one of such great importance, that we feel no apology is necessary for again declaring how different is the experience at Hayward's Heath to that of Dr. Clouston. There the whole sewage from the asylum has been run on to the land directly in front of the asylum for the last seven years, and without the slightest ill effects; and latterly it has been run directly from the drains on to the land, without the intervention of any tanks to collect the solid matter. The soil is the stiff Wealden clay. The fields are all well drained, and the sewage is deodorised with carbolic acid and lime.

*Eighteenth Annual Report of the North Wales County Lunatic Asylum, Denbigh.* GEORGE TURNER JONES, L.R.C.P. Edin., Medical Superintendent.

At the time the report was written there were in this asylum 372 patients—183 males and 189 females. The institution seems to have been fortunate in donations this year, having received a large store of valuable prints, the gift of Messrs. Colnaghi, Messrs. Graves, and Messrs. Hogarth; but, more valuable still, Mrs. Mesham, a lady residing in the neighbourhood of the asylum, has presented fourteen acres of freehold land, in perpetuity, for the uses of the institution. The other matters in this report are of but local interest.

*Twenty-first Annual Report of the Devon Lunatic Asylum.* G. SYMES SAUNDERS, Esq., M.B. Lond., Medical Superintendent.

THERE are 254 males and 289 females, making a total of 643, now in the asylum at Exminster. These numbers include the patients chargeable to the borough of Plymouth, who have been in this asylum since its opening; and a contract has been entered into to retain them for a further term of ten years.

This asylum was visited by the terrible scourge of cholera during last autumn. We can fancy nothing more dreadful than cholera in a lunatic asylum, or more wearying than the anxiety it must cause to all the officials—peril encountered and duty manfully done however, nothing can be sweeter than to know that our efforts are appreciated, and the following paragraph from the report of the committee must have been extremely pleasing to Dr. Saunders, Mr. Stuckey, and the other officials. Speaking of the epidemic, they write—"Before concluding this part of our report, it is our duty to state that in our opinion the fullest care and attention was bestowed on the sick, and that the exertions of the attendants, by night and day, were unremitting. At the same time we have every reason to think that all that could be done by medical skill and treatment was effected by the medical superintendent, Dr. Saunders, and by the medical assistant, Mr. Stuckey."

Dr. Saunders reports that the health of the patients had been good during the summer, and up to the date of the outbreak there had been a comparative immunity from diarrhœa, although cholera and choleraic diarrhœa prevailed in the adjoining districts. On the 28th September two idiots, brothers, who had been in the asylum nearly twenty years, were attacked with cholera in its most virulent form. How the disease was imported, or in what way these patients first came in contact with the germ of the cholera poison, is unknown, although, writes Dr. Saunders, "the greatest care has been taken to clear up the mystery on this point."

The disease rapidly spread, and patients were attacked in nearly every ward on the males' side. They numbered in all forty-five cases, of whom thirty died; and thus by the 9th of November, when the last case occurred, the disease, which confined itself to the males' side of the house, had, as Dr. Saunders points out, more than decimated the male population in the short period of six weeks. No female patient, no male engaged in out-door pursuits, and no attendant, was attacked, the disease confining itself almost entirely to idiots, general paralytics, and demented. Dr. Saunders accounts for the immunity of the females to the fact that the latrines for either sex in the Exminster asylum are devoted to their exclusive and separate use. Dr. Saunders gives the following summary of the measures adopted to isolate, as far as possible, the infected patients, and arrest the spread of the disease among the healthy.

"1. An observation room was set apart for the reception of all patients attacked with diarrhœa and suspected cases.

"2. Two dormitories at the detached male new house were converted into a cholera ward. A temporary staircase, external to the building, was erected, and internal communication with other parts of the building was cut off by a partition. All cases of decided cholera were at once sent to this ward.

"3. All closets and utensils were thoroughly disinfected, and cleansed twice a day, oftener if necessary.

"4. All excreta, vomit, as well as dejections, were received into vessels containing chloride of lime, carbolate of lime, or Sir W. Burnett's fluid. When passed on the floor they were at once covered with disinfectants, and removed without delay. A deep trench was dug in which the excreta were buried.

"5. The attendants were directed to watch the patients narrowly, and report to the superintendent, or assistant medical officer, any patient seen going to the closet more than once a day, also to report the first symptoms of diarrhœa or vomiting.

"6. All linen or mattresses tainted with the discharge to be burnt.

"7. The hands of all attendants on the sick to be scrupulously cleaned, whenever they have become soiled by 'rice water,' by washing in 'Condy's fluid.'

"8. Special attention to be directed to the feeding and clothing of all the patients.

"9. An extra allowance of meat was ordered for every patient in the asylum, and other extras according to circumstances.

"10. Convalescents to be kept some time separate from the healthy patients.

"11. The friends of patients were not allowed to visit the asylum.

"12. The patients in the ward where the disease first broke out were removed to No. 6 ward, and the patients in that ward were accommodated in the chapel, which was fitted up as a dormitory containing thirty-six beds. Every gallery, day room, and dormitory, with closets, &c., were thoroughly whitewashed and disinfected throughout the asylum.

"13. A temporary cholera hospital for the women, according to a plan submitted to the visitors by the superintendent, was erected. It consists of a wooden building 60 by 20; 12 feet to the eaves, and 25 feet to the centre, accommodating twenty patients, allowing to each patient 1000 cubic feet. In design and construction it is similar to the military wooden hut or hospital.

"14. A *qualitative* and *quantitative* analysis of the water was made by Professor Voelcker, who reported that it was 'unusually pure and wholesome drinking water,' 'and unusually pure as regards organic impurities.'"

*The Annual Report of the Dorset County Lunatic Asylums, Charminster and Forstan, for the Year 1866. J. GUSTAVUS SYMES, Medical Superintendent.*

THE two asylums at Charminster and Forstan continue to be under the management of J. G. Symes, Esq., the senior medical assistant, Mr. W. H. Clarke, residing at Forstan, and a second assistant medical officer with Mr. Symes at Charminster, which is the new asylum. The numbers in the two asylums on December 31st were—males, 237, females, 223; total, 460.

In the report of the committee we find the following:—"A new set of general rules for the government of the two asylums has been prepared." A copy of these rules was forwarded to us with the report, and we find that, although the senior assistant medical officer

is the only resident medical officer of the old asylum at Forstan, yet, according to these rules, he is prohibited from visiting or entering the females' wards after a certain hour in the evening, except in company of the matron. This is a most unjust and wrong rule, and that it should ever have been allowed to enter the book reflects, we consider, very injuriously on the medical superintendent. How can he expect to get good and efficient assistants with such a rule existing? The only wonder is that medical men can be found willing to submit to such authority. We hold that, in suffering such a rule to pass, Mr. Symes has cast a most unjust and unnecessary slur on the profession. He is obliged to own in his report that the present senior assistant throws much assiduity into his duties, and trusts each year will find him more able and willing in the service of the county; yet he does not consider him sufficiently trustworthy to be allowed to enter the females' wards after a certain hour unless under the wing of the matron.

*Eighth Report of the Durham County Asylum.* ROBERT SMITH,  
Esq., M.D., Medical Superintendent.

215 males, 191 females, total 406, is the population of this asylum. It is overcrowded, and plans for the permanent enlargement for 300 more patients are under the consideration of the Commissioners in Lunacy. In the mean time a temporary building, principally of wood, at a cost of £468 11s. 5½d., to accommodate seventy patients, is in the course of erection.

Writing on the deaths in his report, Dr. Smith relates the following interesting case:

"One peculiar case, which presented all the symptoms of miliary fever, deserves notice. A woman, under middle age, who had for several months been an inmate of the asylum, and who was demented, was found one morning to be in a high state of fever—pulse rapid and of moderate strength; respiration hurried and irregular; skin hard, dry, and hot; temperature 105; face somewhat dusky. Next morning she had profuse and offensive perspiration and dejections. Towards evening acute pain and tenderness of the joints supervened. Two days afterwards small patches of minute pustules appeared on the surface of the joints, and gradually extended over a considerable portion of the limbs. Shortly after the appearance of the pustules the tenderness of the joints disappeared, and the fever lessened, but more gradually. About seven days after, desquamation occurred; and the cuticle which came from the surface where the pustules were most abundant presented a beautifully perforated appearance, the pustules still remaining on the body after the desquamation had taken place, and it was some time before all trace of these had disappeared. The patient gradually improved in her mental condition, and was discharged a few months afterwards, recovered."

*Essex Lunatic Asylum.—Report of the Committee of Visitors, the Medical Superintendent, and other Papers relating to the Asylum.* D. C. CAMPBELL, Esq., M.D., Medical Superintendent.

THIS asylum contains 573 patients, of whom 250 are males and 323 females. Dr. Campbell, in his report, remarks, *inter alia*, that in a number of the patients brought to the asylum a practice not infrequent in cases of acute mania had been resorted to, viz. bloodletting; and he goes on to write—

“Throughout all ranks of society an opinion is pretty generally diffused that insanity is a disease of a very inflammatory nature, and that strong antiphlogistic means must be used to allay the excitement. Accordingly, low diet, powerful purgatives, and bloodletting, are had recourse to, and it frequently happens in those cases in which they are most detrimental. That low diet in certain cases may be beneficial is not to be denied; great discretion, however, even in this is required, for a furious state of excitement may coincide with real debility, and may be best subdued by generous diet—nay, even in some cases, stimulants may be required to secure repose. Of all misapplied remedies, however, the worst is bloodletting, and yet in some districts it is frequently resorted to. So strong is the impression that insanity is of an inflammatory nature, that it often requires the authority of an experienced practitioner to persuade the nearest relatives that bleeding is unnecessary, if he cannot convince them that it is absolutely prejudicial.

“It is not, therefore, to be wondered at that some surgeons who are not likely to see many cases of the disease should fall into the same error, and by doing what they consider to be useful, or at all events innocuous, gratify those around them. Surrounded with difficulties, struggling with the patient, destitute of proper means of control, worried by friends, and overwhelmed with suggestions, they perform what they deem a very simple operation. Blood is extracted, the patient for the time becomes quiet, or rather exhausted, and the surgeon congratulates himself, and is applauded by the bystanders; but in a very short time the scene is changed—the patient becomes as furious or as incoherent as ever, and, if the plan be persevered in, soon sinks. Should, however, the want of success prove the inutility of depletion, the unfortunate patient is then sent to an asylum, and the medical officers have to contend, not only with the original malady, but with an aggravation so well known in lunatic asylums that such cases are looked upon as very doubtful, and in six cases out of ten, if the patient survives, he sinks into a state of incurable dementia.”

No less true are the following remarks, made by Dr. Campbell, respecting the statistics annually presented with the reports of lunatic asylums:

“The statistical tables,” he writes, “which I yearly lay before you contain such abundant and various information as to make any general commentary on the forms of disease admitted, the causes of the malady, or of the chances of recovery afforded, unnecessary. These tables are compiled from the records kept of each case, and, although every endeavour is made to obtain information that may be relied upon, I can never present such tables to you without stating the extreme difficulty of avoiding errors. In some cases I



regret to say that no dependence whatever can be placed on the information sent with a patient on admission, and in others no information can be obtained. These remarks especially apply to the returns made of the duration and the causes of the malady."

*Second Annual Report of the Glamorgan County Lunatic Asylum, Bridgend.* DAVID YELLOWLEES, M.D., Medical Superintendent.

THIS asylum contains—males, 156; females, 122; total, 278. It was not opened more than two years ago, and the committee report that the buildings are now completed; several of the day rooms have been papered and painted, and the whole house is beginning to assume that air of comfort and cheerfulness which is so necessary for the happiness and welfare of its inhabitants; but it appears to be rapidly filling, and does not contain further room for more than 31 males and 29 females. From Dr. Yellowlees' report we learn that of the 41 patients discharged recovered only two have been readmitted, and that only 5, per cent. of the average numbers resident have died, which is a very low per-centage of mortality. Curiously enough, the 13 patients who died were all males.

Dr. Yellowlees reiterates a truism which cannot be too often repeated, that recovery in insanity is in an inverse ratio to the length of the time of the disease previous to admission, and he shows that of the 140 admissions during the year, of 32 whose disease dated back within six months of their admission 11 were already discharged cured, and the remaining 29 appear to be curable, whereas out of the remaining 68 only 8 are curable.

"It seems," writes Dr. Yellowlees, "to be a habit in some unions to send a lunatic to the workhouse in the first instance, apparently, that the patient may have a chance of getting over the attack without being sent to the asylum. Such a course is greatly to be deprecated. The most important time for treatment is lost, for, of course, the arrangements and attendance of a workhouse make proper treatment impossible, however efficient its officers may be. If the patient gets well soon, the union has been saved a little trouble and expense, at a great risk. If he does not speedily recover, and yet does not become violent or destructive, he remains in the workhouse, where it is but too likely that he will lapse into confirmed insanity, and will be ultimately sent to the asylum on account of sudden excitement or dirty habits, only when all hope of recovery is past. One such case, thus becoming a life-long burden on the union, which early asylum treatment might have averted, far outweighs the saving on those cases which recover without it, so that on the ground of economy as well as of humanity the sooner an insane pauper is sent to an asylum the better."

It may be remembered by some of our readers that we animadverted somewhat last year on the absence of beer from the dietary of this asylum; it is, therefore, but right to add this year that the

general health and condition of the patients has been excellent, and that Dr. Yellowlees has seen no occasion to suggest any alteration in the dietary.

*Annual Report of the County Lunatic Asylum at Wotton, near Gloucester.* EBENEZER TOLLER, Esq., M.R.C.S, L.S.A., Medical Superintendent.

THIS asylum contained at the end of last year 595 patients, of whom 283 were males and 313 females. Here, differently to the experience in other asylums, the visiting justices are able to congratulate themselves and the ratepayers generally on the fact that the increase in lunatics has not been so great for the last three years as it was for some years previously.

The proportions of readmissions appear to have been exceptionally large, "amounting to about a quarter of the whole number of admissions." The committee, in their report, believe this to be explained by the greater facility which has of late been afforded the friends of patients to remove their relatives, who, although not dangerous, were neither recovered nor likely to improve materially.

The visitors have under their consideration the plan already followed out in some other asylums, of having a small detached block of building for the reception of patients in case of the outbreak of an epidemic.

The asylum appears to be quite full, and plans for increased accommodation will probably have ere long to be considered.

*Report of the Committee of Visitors of the County Lunatic Asylum for Hampshire.* JOHN MANLEY, Esq., M.D., Medical Superintendent.

THIS asylum contained at the end of last year 618 patients, of whom 283 were males and 335 females, being an increase of 26 as compared with last year. In their last report the committee had to regret the excessive mortality during the year, amounting to the very unusual number of about 16 per cent. on the daily average, arising from causes then explained; but during the last year the deaths have been reduced to less than 12 per cent.

A flour mill, to be worked by the existing steam-engines, is about to be erected, and will probably effect a material reduction in the cost of flour.

This asylum is now quite full, and of the population of 618, 419 are chargeable to unions, 10 to the county rates, 176 to boroughs within the county, and 3 are private patients. The committee have

therefore been compelled to decide during the past year whether they shall enlarge the existing fabric or call upon the boroughs to provide accommodation elsewhere for their patients. The committee have decided—and it cannot be doubted wisely decided—on the latter course, for to enlarge an asylum already containing upwards of 600 patients is a course only to be pursued from the direst necessity.

Dr. Manley complains very much of the imperfect orders, statements, and certificates, on which patients were sent to the asylum, more than 20 per cent. of the admission papers having to be returned for emendation. He has therefore added as an appendix to this report a statement of the details requisite to render an admission paper valid, which might with advantage be copied into other reports, for we fancy there are but few superintendents who have not to make the same complaints, and in the appendix Dr. Manley publishes there are such explicit instructions that the persons who have to fill the certificates up cannot fail to do them correctly after having read these instructions.

*Kent County Lunatic Asylum, Barming Heath, Maidstone—Twentieth Annual Report.* WILLIAM P. KIRKMAN, Esq., M.D., Medical Superintendent.

PATIENTS resident 1st January, 1867—males, 303; females, 454; total, 757. 57 patients have been refused admission owing to the overcrowded state of the asylum.

We congratulate the medical superintendent on having entered upon the occupation of a newly erected residence, his old apartments having been fitted up for female patients of a superior class. Dr. Kirkman reports that attempts have been made, by the introduction of earth closets, to utilise a portion of the asylum sewage, but that they were not successful in preventing the exhalation of offensive smells. This is different from the experience of these closets in some asylums. They have been used for some years now at the Northampton Asylum, and, if properly attended to, were never found to be objectionable.

*Report of the Committee of Visitors of the County Lunatic Asylum at Lancaster.* JOHN BROADHURST, Esq., Medical Superintendent.

NUMBERS in the asylum—446 males and 450 females. The weekly charge for the maintenance of patients in this asylum appears to be unusually low, being only 7s. 7d. for the first three quarters of the year, and 8s. 2d. for the last quarter, and suggests comparison

with other asylums, where the rate is higher, because it might be inferred that, *ceteris paribus*, economy is practised at the expense of efficiency at the Lancaster Asylum, or else that the expenditure is excessive in other establishments, where the rate is higher. Thus, at the Sussex Asylum the rate is 9s. 9d. weekly; but on looking through the accounts of the two asylums we find that, whereas coals at the Lancaster Asylum only cost 11s. 2d. per ton, at the Sussex Asylum they cost £1 3s. 6d.—more than as much again. The surgery and dispensary involved an outlay of only £44 18s. 4d. at the former asylum, containing 896 patients; but at the latter it was found necessary to spend as much as £107 7s. for only 550 patients. Again, there are two medical officers to each asylum, but their salaries being distributed over so many more patients in the one case than in the latter renders the average for each patient much less in the larger asylum than in the smaller.

The committee report that a new church for the asylum was opened by license from the bishop on the 4th instant. It has a neat ecclesiastical appearance, and stands well on elevated ground in front of the asylum. Access to it is obtained by the male patients on the western side, and by the females on the eastern. The church is capable of containing with comfort about 730 patients, at a cost of about £3200. On the opening day there were about 500 patients present, and nothing could surpass their attention and orderly conduct, we are told.

The death average in this asylum has been unusually low this year, being only 7·23 per cent. on the number under treatment. Mr. Broadhurst mentions in his report that “the recoveries have been nearly 30 per cent. on the admissions, a higher proportion than is usually attained.” We do not know whether Mr. Broadhurst would here refer to the per-centage usually attained in his own asylum or in asylums generally; if the latter, he is somewhat in error, as many asylums show a much higher per-centage than 30 per cent. on the admissions.

*Report of the Committee of Visitors of the County Lunatic Asylum at Prestwich.* J. HOLLAND, Esq., Medical Superintendent.

THIS asylum contains 497 males, 492 females, and has accommodation for 500 of each sex.

The following paragraph, from the report of the committee, is noteworthy:—“On the application of a Roman Catholic priest, who attends gratuitously at the asylum, a suitable room has been provided for the celebration of Divine service according to the rites of the Church of Rome, amongst the patients of that persuasion, the

arrangements being under and subject to the directions of the superintendent."

A hospital for infectious and contagious diseases is being built for the accommodation of fifty patients, in a most picturesque part of the grounds, and is fast approaching completion.

*Report of the County Lunatic Asylum at Rainhill.* T. L. ROGERS, Esq., M.D., Medical Superintendent.

NUMBERS in the asylum—males, 303; females, 356; total, 659. Dr. Rogers continues to find good results accrue from the practice he pursues of allowing patients to go out on visits to their friends, paying them, at the same time, a weekly allowance. In his last report Dr. Rogers had to remark upon the very bad condition of many of the women patients, as regarded their destructiveness, violence, &c., owing to their being drawn from the Irish quarters of Liverpool; but he anticipated that this unsatisfactory condition would be but temporary, hoping by increased discipline, more amusements, greater comforts in the wards, and an augmentation in the numbers and pay of the attendants, to work improvement. These hopes have to a great extent been fulfilled.

*Leicestershire and Rutland Lunatic Asylum. The Eighteenth Annual Report of the United Committee of Visitors.* JOHN BUCK, Esq., Medical Superintendent.

THIS asylum contained at the end of last year just 400 patients; of these, 159 males and 182 females were pauper patients, 11 males and 1 female criminals, and 22 males and 25 females private patients.

There is no report from the medical superintendent, and the report from the committee is almost entirely taken up with their reasons for refusing to comply with the very reasonable request of the Commissioners in Lunacy, often reiterated, that an assistant medical officer be appointed. Their objections to filling up such an office are really too puerile to merit attention.

*The Fourteenth Annual Report of the Lincolnshire County Lunatic Asylum at Bracebridge, near Lincoln.* EDWARD PALMER, Esq., M.D., Medical Superintendent.

THIS asylum contained at the end of last year 521 patients, of whom 241 were males and 280 females.

"Further experience," writes Dr. Palmer, "confirms the usefulness of the probationary discharge, for a month or more, of patients whose convalescence is tardy—who arrive at a certain point in their progress towards recovery, and there remain in a condition of mind which can neither be regarded as quite sound, nor yet so obviously unsound as to make the necessity of their continued detention clear. In some doubtful cases, it has enabled the superintendent to test, as it were, the strength of his work; in others, by satisfying the home-affections, and thus bringing to bear an element of treatment which the asylum is neither able to provide nor supersede, complete recovery has been established. Ten cases were thus sent out during the year, all of which went on well at their homes, and were subsequently fully discharged. The superintendent contemplates extending this principle to chronic cases by allowing them to visit their friends occasionally for short periods, due precaution being taken for their proper care and safe return to the asylum. He has, indeed, frequently permitted patients coming from the neighbourhood to spend the day at their homes, leaving the asylum in the morning and returning in the evening, and has always been pleased with the results. To carry this practice out with patients from more distant parts of the county, and who would, consequently, be unable to come back again on the same day, the formal sanction of two of the visitors will be necessary."

The Commissioners in Lunacy, in their late visits to the county asylums, have much pressed upon the authorities the importance of each patient being carefully examined immediately on admission; and, to ensure a systematic observance of this very necessary precaution, Dr. Palmer has had a blank form printed showing, in an interrogative manner, all the observations required to be made. A copy of this is given to the head attendant to fill up, sign, and return immediately after the admission of each patient.

Reviewing the improvements of the past year, Dr. Palmer thus writes of the amusements of the patients:

"The amusements of the patients were very materially enhanced by the introduction of more field sports and athletic exercises, which were most successfully organised and carried out by Dr. Douglas. They consisted of quoits, foot-races, the long and high jumps, sack-races, putting the ball, throwing the hammer, Aunt-Sally, the ball-target, &c., and, after affording excellent and healthful diversion through the fine months, were concluded in the autumn by a keen contest for prizes. It was a gala day. Upwards of three hundred patients of both sexes were present, all of whom, either as competitors or spectators, took the liveliest interest in the proceedings. In the evening the prizes were ceremoniously distributed, and refreshments, a dance, and the ascent of a fire-balloon closed a day of real enjoyment to the patients."

*The Sixteenth Annual Report of the Committee of Visitors of the County Lunatic Asylum at Colney Hatch.* EDGAR SHEPPARD, Esq., M.D., Medical Superintendent, Male Department; W. G. MARSHALL, Esq., Medical Superintendent, Female Department.

THIS asylum, still increasing in size, now contains 826 male patients and 1210 females, making a total of 2036.

We find, from the report of the Committee of Visitors, that "the Turkish bath continues to be a valuable auxiliary to the medical superintendents in their treatment of the patients. . . . . The question of providing increased means of bathing the patients has engaged the attention of the Committee;" and they have adopted a plan for providing bathing accommodation in a separate building, at an estimated cost of £1300 for the female patients of cleanly habits.

The following, also, is worthy of note as a decided improvement:

"The Roman Catholic Ministers belonging to St. Joseph's Retreat, at Highgate, having requested the committee to allow them to have the use of some room in the asylum in which the patients of the Roman Catholic persuasion might be assembled occasionally for religious service, and there being a large number of patients of that church in the asylum, the committee granted the use of the female visiting-room for this purpose on any Wednesday or Friday."

Many pages of the report are taken up with the correspondence which took place between the Commissioners in Lunacy, the Committee of Visitors, and Dr. Sheppard, respecting the treatment of certain of the male patients of destructive habits; but this subject having been already referred to in the pages of this Journal, it is unnecessary again to allude to it.

In the report of the Commissioners in Lunacy on this asylum we find the following paragraph:

"In lieu of 'Case-book,' certain forms screwed together into a loose back have been recently adopted. This plan may possess some advantages; but it must evidently tend to increase the labours of the medical officers, who at this asylum are, in our opinion, already overtasked."

This opinion experience enables us to question. We have tried the plan very extensively, and found it to save much trouble, and, at the same time, tend very materially to increased accuracy in keeping the cases—a duty often seriously neglected, for instead of filling up the cases from memory after the medical visit in the ordinary case-book, the loose sheets, one to each patient, are kept in each ward; and any remarks that are necessary are made at once and on the spot, with the patient before you.

The admissions have not been quite so numerous as in some former years, owing to the asylum having been closed for some weeks to fresh admissions during the epidemic of cholera in London.

Dr. Sheppard writes in his report:

"We endeavour day by day, and little by little, to render the wards more cheerful and habitable, by various additions and embellishments, and by encouraging kindness and sociability on the part of the attendants towards those under their immediate care.

"The amusements which take place in the two large halls are also as varied as we can make them. The good which they do, the interest which they arouse, and the cheerfulness which they engender, are of inestimable value. The trouble which they involve to those who have the management and direction of them is more than compensated for by the appreciation which they receive from the patients themselves."

Mr. Marshall reports that another year's experience in drafting patients from the main building to the Convalescent Home preparatory to their friends on probation has proved most beneficial.

The following also is interesting :

"The Turkish bath erected in this institution some time since, has been during the past year regularly used for female patients with very good effect. It is proved to be very efficacious in cases of melancholia and dementia; and in one case of dementia after puerperal mania, the patient attributed her recovery to this remedial agent. Previous to her having the baths she suffered from small abscesses of a furuncular character, which she prevented healing by constantly picking, and she would sit listlessly about the ward, not taking any interest in objects around her. After the third bath her habits became much improved, her health re-established, and she began to employ herself in needlework and general household work, and was a most useful patient during the remainder of the time that she resided in the asylum."

*The Twenty-first Report of the Committee of Visitors of the County Lunatic Asylum at Hanwell.* W. C. BEGLEY, Esq. M.D., Medical Superintendent, Male Department; J. MURRAY LINDSAY, Esq., M.D., Medical Superintendent, Female Department.

On 31st December, 1866, the total numbers in this asylum were, 1723, viz. 645 males and 1078 females. A case of typhoid fever having occurred during the past year on the females' side of the house, the committee have become alive to the danger likely to accrue from an epidemic of an infectious disease in this large and crowded establishment, and are about to recommend that a detached hospital should be built. The asylum is much crowded, and admission has been refused to a large number of paralysed and epileptic cases.

The report of the Commissioners in Lunacy is more favorable than it has been on some previous occasions; but they terminate it with a complaint that no one can deny the justice of. Thus they write :

"It is a matter of much regret to us to find that, notwithstanding the large increase in the number of the patients since the last visit, there are still only four medical officers, the temporary addition made during the months of holiday enjoyed by these officers respectively during the past summer have since been withdrawn. Speaking from a large and varied experience, we say, without any kind of doubt, that with only such a staff, 1750 patients cannot be under proper supervision. Able and efficient as the present officers are, all the work required of them cannot be done, and,



in circumstances of great difficulty, Dr. Begley and Dr. Lindsay appear to us to have acquitted themselves as to be entitled to the further assistance which will enable them more completely to discharge their arduous duties."

The report of the Farm Committee contains some interesting particulars respecting the utilisation of the sewage; we make, therefore, no apology for publishing it *in extenso*.

"During the past year much has been done for the more advantageous utilisation of the sewage, especially in the Old Field. At the commencement of the year the path on the west side by the men's front airing grounds was raised fifteen inches. The land was dug and laid on a hanging level, so that the sewage could run down freely from the hydrants on the top of Old Field, a channel was cut about the middle of the top part of Old Field to receive the sewage from the above-named hydrants to irrigate a piece of land adjoining, which has been laid down with permanent grass, which, with the Italian rye-grass on the lower part of the Old Field and the Brent Meadow, is sufficient to take all the sewage.

"The four acres of permanent grass laid down in March last has produced—

"1st cut (to strengthen bottom) .....	8 tons per acre.
2nd „ .....	16 „
3rd „ .....	16 „
<hr/>	
40 tons per acre.	

Value, 160 tons at 20s. per ton, £160.

"The four-and-a-half acres of Italian rye grass of two years' standing has produced—

"1st cut .....	16 tons per acre.
2nd „ .....	12 „
3rd „ .....	8 „
4th „ .....	6 „
<hr/>	
42 tons per acre.	

Value, 210 tons at 15s. per acre, £152 10s.

"And one acre of Italian rye-grass, of three years' standing has produced—

"1st cut .....	8 tons per acre.
2nd „ .....	12 „
3rd „ .....	8 „
<hr/>	
28 tons per acre.	

Value, 28 tons at 15s. per ton, £21.

"The effects of sewage is marvellous, and it seems to suit all kind of crops, our cabbage, particularly, have been extraordinary, very many have been cut weighing upwards of 25 lbs. each, and the average weight may be fairly taken at 20 lbs. each, and the growth is so rapid that we have been compelled to send them to market, not being able to use them fast enough. The savoys, parsnips, turnips, onions, leeks, and celery have been equally benefited and much improved by the free supply of sewage; in fact, there appears to be no crop which it will not suit and to which it cannot be safely and advantageously applied."

From Dr. Lindsay's report we learn that 143 females have been refused admission during the past year, owing to the want of room, "the existing regulations restricting the admissions, after a certain

point is reached, to recent and curable cases, and such as are not complicated with paralysis or epilepsy—twelve beds being reserved for this purpose.” This may partly account for a paragraph in the Commissioner’s report, which must notwithstanding have been very gratifying to Dr. Lindsay. We refer to the following: “Generally throughout the female division the patients were singularly free from excitement, and in their demeanour quiet and orderly.”

There is a lengthy report, as usual, from the matron, which is remarkable neither for the elegance of its diction nor for its respect for the Queen’s English, as the following specimen, selected from others, will demonstrate:

“The *fires* ordered by the Committee on the occasion of one of their visits in the early part of the year, to be made daily in the dormitories of the Western Tower Basement *has* been resumed, and *are* continued with increased comfort to the patients.”

In another place she writes, “I am happy to say that, in only one instance has there been cause to reduce a nurse from inefficiency.” How bad must her teaching have been to *reduce* a nurse from *inefficiency* to *something worse*, which is left to the imagination of the reader.

*The Fourteenth Annual Report of the Committee of Visitors of the Joint Lunatic Asylum at Abergavenny, for the Counties of Monmouth, Hereford, Brecon, Radnor, and City of Hereford.* D. M. M’CULLOUGH, Esq., M.D., Medical Superintendent.

Number in the asylum, males 205, females 251, total 456; which is quite as many as it is capable of containing. Dr. M’Cullough in his report mentions that the very large number of 21 patients out of the 91 males were labouring under general paralysis. This has necessarily added to the mortality, and also much increased the number of helpless and incurable patients in the asylum.

“I express no opinion,” writes Dr. M’Cullough, “as to whether an asylum for the insane is the proper place for such weak-minded helpless paralytics as I have mentioned. No cases require more careful nursing, and none make heavier demands on their attendants and on the resources of a well organised establishment; and in none are the results of neglect more deplorable. Such nursing should be provided somewhere. I wish merely to call attention to a change which I believe is taking place in the class of patients sent to Asylums.”

*Report of the Northampton General Lunatic Asylum for 1866.*

J. BAYLEY, Esq., Medical Superintendent.

THIS asylum contained on the last day of last year 209 males and 206 females, total 415.

From the report of the Committee of Management we learn that the asylum enjoys a continuous improvement and prosperity, both in its medical and material aspects; that there is now ample room for the reception of all the county and borough patients; that spade husbandry has been introduced on the farm, together with other outdoor work, with the satisfactory result of raising the number of patients thus employed from thirty-two in former years to sixty-two during the past year, whilst the number of those employed in other ways has not been allowed to decrease; that the accommodation for the private patients has been much improved, and further improvements are still being made in the apartments occupied by the gentlemen. When they are completed a greater number of that class can be received. A detached residence is being provided for the medical superintendent. All this demonstrates that the Northampton Asylum, although now an old establishment, is determined not to lag behind in the march of improvement.

In Mr. Bayley's report we find the following exceptional case recorded:

"Seclusion has been seldom required; but restraint has been used once. In this case, owing to the extreme violence of the patient, both to herself and others, it was a choice of two evils, either to keep her constantly in a single room, and to have a severe struggle with her whenever it was necessary to go near her, or to use restraint by fixing her hands to her sides, by means of strings attached to her sleeves at the wrists. Since this has been done, she has been allowed to associate with the other patients in the wards, and to take walking exercise both in and beyond the grounds. I am strongly opposed to restraint in any form, but I feel satisfied that in this case it was the best course that could be adopted. The patient had been sent here from another asylum, where she was quite unmanageable, and when admitted she was extremely weak and emaciated. Now, chiefly owing to the exercise she is enabled to take, she is improving in health and condition.

"I regret that I cannot speak favourably of the general health of the patients during the past year. Diarrhœa and typhoid fever have prevailed, the former to a severe extent throughout the spring and autumn; smallpox also broke out on the female side of the house in the early part of the year. All the patients who were affected with it were removed to the hospital on the farm as soon as the disease showed itself, and every means were adopted to prevent its spreading through the house; these, I am happy to say, proved effectual."

*Littlemore Asylum, Superintendent's Report for 1866, with Statistical Tables.* WILLIAM LEY, Esq., Medical Superintendent.

THE number of patients now chargeable to the visitors of the Littlemore Asylum are 278 males, and 337 females, of whom 228 males and 282 females remain there, the rest being distributed in the Bucks, Worcester, and Dorset Asylums. 156 patients were admitted during the past year, being the largest number ever admitted in one year since the year of opening. It will thus be seen that this asylum is quite inadequate at present for the requirements made upon it, and Mr. Ley's report is almost entirely taken up with the consideration of this question. This inconvenience is, however, but temporary; for when the new asylum for Berkshire is completed, and the existing partnership at Littlemore between the counties of Oxford and Berks dissolved, there will be ample room for the Oxfordshire patients at Littlemore. The progress made towards this desired end seems from Mr. Ley's report to be but slow, for he writes:

"The proposed new asylum for the county of Berks is as yet far from being in an advanced position, and the period at which it will afford its relief to Littlemore is more distant. The advance of the arrangements for providing the Berkshire Asylum is, however, so positive, that the certainty of it receiving a large number of the patients now at Littlemore may be calculated on as a known resource in prospect."

*Twenty-second Annual Report of the Medical Superintendent of the Lunatic Asylum for the Counties of Salop and Montgomery, and for the Borough of Wenlock.* H. ROOKE LEY, Esq., Medical Superintendent.

THIS asylum contains 447 patients, of whom 201 are males and 246 females, and additions have lately been effected by which as many as 510 patients can be accommodated.

Mr. Ley, in his report, writes thus:

"The general principles of treatment followed in the asylum are those sanctioned by experience as being the most conducive to the welfare of the patients, and the economic management of the institution. Systematic and well regulated occupation being one of the best remedial agents in the treatment of insanity, every effort has been made to find some suitable employment for those who are willing and able to work, and as some evidence of the system of industry that prevails in the house, I beg to refer you to

Table 22, which gives the average daily number employed during the year. In addition to those therein enumerated, there are many others who, being unfitted by the state of their health, or their previous habits of life from continuous employment, have found some desultory occupation in minor ward duties, in the office, in copying music, &c.; in fact all who evinced the least capability, and whose health would permit, have been taught some pursuit, either joinering, tailoring, shoemaking, mat or mattress making, and amongst those so instructed we have now several efficient workmen. The necessary repairs and other requirements of the building have been promptly attended to, and for the most part accomplished by the labour of the patients. The various shops have continued in successful operation. In addition to the mending—no small item in a household of nearly 500—all the clothing required by attendants and patients, and all the articles necessary for domestic use, have been made on the premises. The most beneficial kind of labour, however, to the patients, and perhaps the most remunerative to the asylum, is out-door employment in the roads, airing courts, garden and farm; much labour has been expended upon the latter. Some additional piggeries have been built by the patients, the farm buildings have been kept in good repair, and, although the profit from the farm has not been very great, the land has been considerably enriched during the autumn by a more extended system of sewage irrigation; and I hope will in future be correspondingly more productive.

“While advocating the value of well regulated occupation as a remedial agent, I have not been unmindful of its very important auxiliary amusement. In addition to the balls twice a week, we have had a succession of concerts, glees, readings, and exhibition of magic lantern.”

*Nineteenth Annual Report of the Somerset County Pauper Lunatic Asylum.* ROBERT BOYD, Esq., M.D., F.R.C.P., Medical Superintendent.

PATIENTS remaining in this asylum on the 31st December, 1867, males, 216; females, 271: total, 487. The report of the Committee of Visitors is very brief, the only fact of general interest mentioned being that the salary of the assistant medical officer has been increased from £120 to £150, a course worthy of imitation in other asylums.

Dr. Boyd's report, as usual, stands prominently forward amongst those of other superintendents, as being by far the most voluminous and interesting. We are, however, somewhat surprised at his proposing to relieve the existing difficulty of providing accommodation for the ever increasing number of lunatics in this country by imitating the asylums of “Salpêtrière” and “Bicêtre.”

The following remarks, as coming from a physician of such wide experience as Dr. Boyd, are interesting:

“M. Falret, physician to this large hospital of Salpêtrière, in his work recently published, states that after several years' research into the morbid anatomy of insanity, and after failing to elucidate the nature of the malady, by the aid of facts so gained, he next attempted to interpret the nature of mental disorders by recourse to the doctrines of psychology, especially those

of the Scottish metaphysicians for fifteen years, but at the end of that time had to lament that his labour was all vanity and vexation of spirit. My own experience of upwards of thirty years, and after having examined nearly every case that has died in this institution, and previously upwards of two thousand of the poor in the infirmary of St. Marylebone, the results of which have been published, agrees with that of M. Falret as regards the morbid anatomy of insanity, which may be considered, and is very frequently only the delirium of chronic disease. The connection between mental disorder and bodily disease has been frequently alluded to, and even so far back as in the first annual report of this asylum. In the analysis of the causes of insanity of the first two thousand cases, in the 17th annual report, p. 28, it is shown that about one half depended upon bodily or physical causes. Therefore as the sick-ward of the union is the basis of all care for the sick poor, and insanity is so frequently the result of bodily ailments, the laws regarding medical relief and pauper lunacy should be amalgamated."

Dr. Boyd seems thoroughly to give in his adherence to the vexed question of the propriety of amusements for the insane, and of the effect of music on the insane he writes :

"For a belief in the wonderfully soothing effects of music on the insane we have the authority of Holy Writ, in the case of King Saul; and the Greeks and Romans were equally aware with the Jews of its power. In modern times the effect which the 'Ranz de Vaches' produced on the Swiss and the 'Reel of Tulloch gorum' on the Highlanders is well known. Music is said by Esquirol to act upon the physical system by producing gentle shocks upon the nerves, quickening the circulation. It acts upon the mind in fixing the attention by mild impressions, and in exciting the imagination by agreeable recollections. It is a valuable remedial agent, particularly in convalescence."

Dr. Boyd, still persevering, continues his investigations into the treatment of epilepsy. His experience as to the efficacy of the bromide of potassium seems to coincide with our own, for he writes : "In the case of the girl, mentioned in the last report, to whom bromide of potassium was given, there was a cessation of fits, and it was left off for some weeks ; the fits returned, but again ceased after resuming the use of this drug." He has also tried treatment by hypodermic injection in violent mania, and narrates that one female maniac, C. L., aged 35, single, most obscene in her conduct and language, noisy, destructive, and dirty in her habits, got well rapidly after the employment of the hypodermic injection of a solution containing half a grain of acetate of morphia. Several others were quieted by similar means, procuring them sleep after the failure of narcotics given in the usual way.

The statistics to this report are worked out in a very complete manner, and the analysis of the tables in the appendix is replete with information. The post-mortem examinations are continued and recorded with the same exactness as has marked the labour in this asylum for the last nineteen years, and the only subject for regret on the part of the workers must be the barrenness so far of the results obtained. Let us hope for better things in the future.

*Sussex County Lunatic Asylum, Hayward's Heath—Eighth Annual Report.* C. LOCKHART ROBERTSON, Esq., M.D. Cantab.,  
Medical Superintendent.

THE number in this asylum on the 31st December, 1866, were—males, 240; females, 303: total, 543. From the report of the Visitors we obtain the following:

“At the Epiphany Sessions the court ordered that plans for increased accommodation should be prepared and laid before the court. These were accordingly submitted to the Secretary of State, and approved by him, and at the Easter Sessions they were laid before the court and approved. The cost of carrying these plans into execution will be about £9300. The court granted a sum of £6500, and the committee of visitors will be enabled to make up the deficiency from a balance at their disposal, arising from an economical management of the asylum. Part of the plan sanctioned and approved of by the Secretary of State and the Court of Quarter Sessions was the purchase of two small houses in front of the asylum for the purpose of being altered and adapted for the reception of such infectious and contagious diseases as may from time to time occur in the asylum. This purchase has been completed, and, although fortunately the asylum is free from all infectious and contagious complaint, the premises will be extremely serviceable at the present time for receiving a portion of the male patients until the new ward is complete. The alterations necessary to be made in these premises are trifling, and can be effected by the workmen belonging to the asylum.

“The committee have every reason to believe that the alterations and additions already sanctioned by the Court will be completed by the Easter Session, and part of them will be completed and in use in six weeks, and the whole will be completed within the estimate made by the committee. They will be a most material and important addition to the asylum, which will then accommodate about 700 patients, the original number accommodated being 450.”

These alterations include two large dining halls, one for each side of the house, and each capable of dining 450 patients.

*Twenty-ninth Annual Report of the Suffolk Lunatic Asylum.* JOHN KIRKMAN, Esq., M.D., Medical Superintendent.

POPULATION—157 males, 205 females: total, 362. It must have been a great relief to Dr. Kirkman to have been enabled to pen the following lines:

“It has for so long been the custom to show the annual uniformity of similar progress, that it is almost the gratification of variety to point to the very unusual feature which must open the report of the past year. For many years the almost invariable demand has been for additional room. Though no county pauper has ever been refused, the admissions have been such as to render several alterations compulsory, for the required accommodation. These necessary alterations have now been almost completed: and,

as on former occasions, by home labour : and consequently at a cost very much below what could have been otherwise incurred : and it is believed that they have secured for the patients the advantages of a good asylum ; they are extensive enough to meet present wants, and they have received general commendation."

Further on in his report Dr. Kirkman writes :

"Several very interesting patients have been discharged during the last year, with whom a regular correspondence is kept up. It has always been a cause for thankfulness, that any efforts for the welfare of discharged patients, has been acknowledged and appreciated by so many. We can refer to many returned home, in whose hearts peace has found a resting-place in the asylum, though their intellects were incapable of repose : and there are many resident now, with whom it is imperative on principles of Psychological treatment to dwell upon those indisputable truths on which the weary mind may most securely rest, and the troubled heart be still. All departures from sound reason do not verge into the type of the Gadarene demoniac, but ALL that were *lunatic*, as well as those that were taken 'with divers diseases,' ALL indiscriminately met with sympathy from the multitude who brought them, and from the Great Physician who healed them. Sympathy is never lost upon such patients as these, and when our better affections are called into exercise, they will not allow of our being indifferent or unaffected spectators of their sorrows. 'They thank us much for what is said or done, but well we know their thanks are for our tears.'"

In the next number of this Journal we hope to be enabled to consider the remaining English asylums, and also those we have received from Scotland, Ireland, and America ; therefore, if these should meet the eyes of any superintendent who has not already forwarded us his report, we shall be much indebted if he would at once forward one to Dr. Robertson, at Hayward's Heath.

S. W. D. W.

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### PART III.—QUARTERLY REPORT ON THE PROGRESS OF PSYCHOLOGICAL MEDICINE.

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NOTE.—*The length of the Report of the Proceedings at the Annual Meeting compels us to omit the usual Quarterly Report on the Progress of Psychological Medicine.*



## PART IV.—NOTES AND NEWS.

*Proceedings at the Annual General Meeting of the Medico-Psychological Association, held at the Royal College of Physicians, on Wednesday, 31st July, 1867, under the Presidency of Dr. LOCKHART ROBERTSON.*

### AGENDA :

- I. Meeting of the General Committee, at 11 a.m.
- II. Morning Meeting of the Association, at 12 p.m.
  1. General Business of the Association.
  2. The following gentlemen will be proposed as Honorary Members of the Association: Staff-Surgeon Baron Mundy, M.D., John D. Cleaton, Esq., Ludwig Meyer, M.D.
- III. Afternoon Meeting of the Association, at 2.30 p.m.
  1. Address by *Lockhart Robertson, M.D.*, President.
 

Papers will be read by—

*Baron Mundy, M.D.*—"A Comparative Examination of the Laws of Lunacy in Europe."

*John G. Davey, M.D.*—"On the Insane Poor in Middlesex, and the Asylums at Hanwell and Colney Hatch."

*Harrington Tuke, M.D.*—"On Monomania, and its Relation to the Civil and Criminal Law."

The Council met at eleven a.m.

The Morning Meeting of the Association was held at twelve noon.

The following gentlemen were present:

Dr. Charles John Bucknill (Lord Chancellor's Visitor), Dr. Lockhart Robertson, Dr. H. Tuke, Dr. Robert Stewart, Dr. Maudsley, Professor Laycock, M.D., Mr. D. Iles, Mr. Reed, Dr. Wood, Dr. Paul, the Baron Mundy, M.D., Dr. Christie, Mr. G. Dodsworth, Mr. J. T. Dickson, Dr. Stewart, Mr. Mould, Mr. Ley, Dr. C. H. Fox, Dr. Edonston, Dr. Sheppard, Dr. Davey, Dr. Manley, Mr. Blake, M.P., Dr. Monro, Dr. Chapman, Dr. C. Westphal, Dr. Brushfield, Dr. Belgrave, Dr. Williams, Dr. Eastwood, Dr. Sherlock, Dr. Hunt, Dr. Down, Dr. Haviland, Dr. J. E. Tyler, Dr. Blandford, Dr. Murray Lindsay, Mr. Manning, Dr. Hart Vinen, Dr. Palmer, W. M. Hollis, Esq., J.P., Dr. Glover, Rev. W. MacIlwaine, Belfast, Dr. Tweedie, Dr. John Robertson, Mr. Dunn, Mr. Davidson, Colonel Smith, Dr. Brewer, J. Stuckey, Esq., Dr. P. Saunders, Dr. Blatherwich, Dr. Balfour Cockburn, Dr. Lorimer, Dr. Hoskins, Dr. Jackson, Dr. Stabb, Dr. Kempthorne, Dr. Mickley, Dr. Edmund Lloyd, Dr. Gardiner, Dr. R. A. Bayford.

*Dr. Tuke.*—In the absence of Dr. Browne, our president, I propose that our ex-president Dr. Wood take the chair.

*Dr. Christie.*—I will second that, with pleasure.

The chair was then taken by Dr. Wm. Wood.

*Dr. Wood.*—Gentlemen, in the absence of our president, who is prevented, unfortunately, from being present with us to-day, it has been suggested that I should resume my former post for a few moments, in order to explain the circumstances under which we fell into an error, last summer, in electing our president. We were not aware, at the time, what the rule was on the subject, and it is right that we should, as far as we can, put ourselves straight. The rule requires that the president should be elected by ballot, but that rule was overlooked, and the consequence is, that the gentleman whom we intended to be our president, is at the present moment only informally so. It was therefore thought better, on our talking over the matter in committee, that I should for the moment take the chair, and ask you to be so kind as to remedy the defect, as far as it can be remedied, now. According to the strict rules for carrying through the election of president, I propose that Dr. Robertson's name should be submitted to you, and that a ballot should take place now. That will put us right, as far as it is possible that we can put ourselves right, in regard to the error into which we fell last year.

*Dr. Manley.*—I beg to second that proposition.

*Dr. Davey.*—If I may be permitted to make a few remarks in reference to that matter, I beg to assure Dr. Robertson, and every gentleman present, that the course I have taken in regard to this has been one based entirely upon a principle of right, and a wish to adhere to the rules of the association. I could not for a moment entertain the slightest objection to the nomination and appointment of Dr. Robertson, as the president of this society, and it was not with that view that I took the steps which I have taken. Those steps, I believe, are known to you all, and I beg to assure you that what I did was done upon a principle of duty, and quite irrespective of any personal feeling on the matter. I acted, as I believed, in the cause, and in the interest of this society.

*Dr. Monro.*—As I was unfortunately in error last year, perhaps I may be allowed to say a word with regard to that printed paper which has been sent round to the association. I assure you that I was not under the slightest impression that I was at all transgressing the by-laws of this institution when I seconded Dr. Robertson's nomination. When I first looked at the printed letter, I saw that it commenced with explaining that our secretary, Dr. Tuke, had got into some great scrape, and I was not so much upset by that as by immediately afterwards finding that I was, though completely innocent myself, one of the chief accessories to the scrape. The motives which actuated me for the moment in seconding Dr. Robertson's nomination were simply these: he had been an old friend of mine, and we had a little argument and quarrel in this association in previous years, and I thought it would be a capital opportunity to show my good feeling towards him by seconding the proposal that was made, that he should be president of the association. I also felt that, as we had had some of the (what I may call) private-asylum members of the association in the chair, we ought to have a change, and elect one of the county men, and I thought Dr. Robertson was one of those who seemed to be well fitted for the post. I was therefore glad to have the opportunity of seconding the nomination. I assure you I had no intention whatever of offending against the by-laws, and was unfortunately ignorant of the particular by-law which has been referred to. I must certainly repudiate the suggestion which has been put forward, and I may say, that I entirely sympathise with the other side of the question. I do not approve of the governing by cliques, and there was not any clique on this occasion, I assure you.

*Dr. Tuke.*—I will not detain you one moment, but merely wish to explain that we had a crowded meeting in Scotland. It was the first year that the new law came into operation, and the president of the association and the secretary were both most profoundly ignorant, at the time, of it.

*Dr. Davey.*—Was it not the third year, Dr. Tuke?

*Dr. Tuke.*—We had entirely forgotten the rule which bound us to have balloting papers. It was purely an error on the part of the administration which I very much regret. We were very anxious to carry out the law, and if we had thought of it we would have done so. I may mention, that immediately after that, when Dr. Robertson suggested that Mr. Cleaton, the new Commissioner in Lunacy, should be made an honorary member, I stated that it was necessary to give notice of such nomination. This will show how extremely anxious I was to carry out the rules which you have laid down for our guidance.

*Dr. Wood.*—I think, gentlemen, it will be unnecessary for us to occupy any more time in this discussion. I am pleased to gather from the observations Dr. Davey has made, that he is satisfied that the omission was an accidental one. We can sympathise with him in the spirit in which he has acted, because, of course, it is only right that there should be a strict observance of the rules by which the association is to be governed. We wish to do all that we can do to remedy the defect in the last election, and therefore we will now proceed to the ballot. Gentlemen will be kind enough to put on slips of paper the name of the person they think proper to nominate as president for the ensuing year.

The ballot was then taken.

*Dr. Wood.*—Unfortunately we are not quite unanimous, there being one vote for Dr. Davey. I do not think we need say anything about the numbers, but simply say, "So and so is elected."

*Dr. Christie.*—It is not necessary that every candidate for the president's chair should be proposed and seconded?

*Dr. Wood.*—I think not.

*Dr. Christie.*—Otherwise there seems to be rather an anomaly.

*Dr. Wood.*—I think the rule is, that the election should be open. Any member of the association can put down any name he thinks proper. The idea was that it should be perfectly free to each individual member to suggest any name he likes, and then take the chance of whoever got the majority.

*Dr. Christie.*—That is all very well, but it seems like putting up a man to be knocked down by a snowball, if we do not know who is proposed and seconded. Any one might be made the laughing-stock of others. It is very invidious, that Dr. Davey's name should be put down in this way.

*Dr. Manley.*—As I understand it, the question upon which the ballot is taken, is whether Dr. Robertson is to be elected or not.

*Dr. Davey.*—The chairman has rightly stated the law.

*Dr. Manley.*—If you propose only Dr. Robertson's name, and say, "shall he be elected as president or not," then it will stand good; but if, on the other hand, any other person's name is to be put down there may be a difficulty. The fact is, there has been an error committed, and we are now endeavouring to rectify it—that is all. If you are not satisfied, you had better put up half-a-dozen names.

*Dr. Davey.*—Dr. Robertson is duly recognised as the incoming president, and what is being done is in perfect harmony with the law of the society. I do not think a word can be said against it. If gentlemen take objection, there is only one course to pursue, and that is to give notice that they intend to propose at the next meeting that there should be an alteration in the law.

*Dr. Wood.*—I shall simply now record the fact, that Dr. Lockhart Robertson was elected as president. (Hear, hear.)

The president's chair was then taken by Dr. Lockhart Robertson.

*The President.*—Gentlemen, I thank you for this second election which you have kindly bestowed upon me. We found on the last occasion, that the reading of the president's address, in the morning, took too much time; and we, therefore, on this occasion have resolved to defer it till this afternoon, so as to be able to devote the whole of the morning meeting to the general business of the association, which, with your leave, therefore, I shall at once proceed to introduce to your notice. I received a letter of great regret from Mr. Commissioner Browne, stating that up to the last moment he intended to be here with us to-day, but that very pressing business has unavoidably detained him. Letters have also been received from Dr. Hitchman, Sir James Cox, Dr. Campbell, Dr. Aitkin, Dr. Skae, and Dr. Williams, of Gloucester. I think, before proceeding to the other business, we had better go on with the election of the officers for the ensuing year, and the choosing of the place of meeting. If any gentleman has any proposal to make with regard to our place of meeting for the year 1868, I shall be happy to hear it. The meetings, I may remark, were, it was understood, to be held in London as much as possible.

*Dr. Sheppard.*—The meeting was held last year in Scotland, and has been held in Ireland also. I beg to propose, that it be held in London again, next year, as by far the best place for such a purpose.

*Dr. Henry Stewart.*—I beg to second that. I am from Ireland myself, and I am inclined to think that occasionally it would be a very good plan to have a meeting in Ireland, and occasionally in Scotland, so that we might all have an opportunity of meeting together. It was, I think, about seven years ago, that the meeting was held in Ireland, and, perhaps, in two or three years hence it might be thought desirable to hold it there again. Of course we shall be very glad to have the association pay us a visit, but still, I may say, that we are always very happy to come over to London to attend the meetings.

The resolution was put, and agreed to without opposition.

*The President.*—The next subject will be the election of president for the ensuing year.

*Dr. Manley.*—I have the pleasure to nominate as the president for next year, Dr. Sankey, a gentleman who is well known.

*Dr. Davey.*—I believe my friend is quite out of order in nominating any gentleman for president. It is not at all in harmony with the rules. I am sorry to be continually intruding upon the attention of this meeting, but it is perfectly out of order, and is done nowhere else.

*Dr. Stewart.*—A name may be proposed. The object of the rule was to avoid any nomination by the council. To propose and nominate are two very different things.

*Dr. Davey.*—I don't see how you can propose and not nominate.

*Dr. Maudsley.*—Dr. Davey cannot preclude me or any member from getting up and mentioning the name of any gentleman as being suitable for the office of president. It appears to me, that any member of the association has the right to do that, and there is no rule of the society to prevent it. I therefore second Dr. Sankey's nomination.

*Dr. Davey.*—I give notice, that I shall bring forward that rule for amendment—I mean the present rule—so as to make it explicit and unmistakable, that no name shall be given.

*The President.*—But, in the mean time, I think it is distinctly in accordance

with the rules, that any gentleman may mention any name he thinks proper. It strikes me every member has that power.

*Dr. Sheppard.*—Will you be good enough to read the rule.

The President read Rule IX.\*

*Dr. Davey.*—I say that language cannot justify the nomination.

*The President.*—Well, I think it is an open question. This year, at all events, I must be allowed to rule that until the point is more strictly defined, any member sitting at this table has a right to nominate any other member he pleases.

*Dr. Manley.*—If no nomination is to take place, how are we to decide between the different candidates.

*Dr. Davey.*—By a majority, of course.

*Dr. Manley.*—But if no person's name is before you, how are you to know whom to vote for?

*Dr. Christie.*—I wish to give notice, that I shall propose an alteration in the rule to the effect that every member who is a candidate for the president's chair shall be proposed and seconded, and also that it may take place the year before.

*The President.*—Does any gentleman propose any other member this year for election?

*Dr. Christie.*—I am not out of order, I suppose, in proposing another candidate?

*The President.*—Not at all.

*Dr. Christie.*—I should like then to propose Dr. Donald Campbell.

*Dr. Tuke.*—Before that motion is seconded, may I ask Dr. Christie (as a personal friend of Dr. Campbell's, and of his too) to withdraw it, for this reason, that if we have a second nomination, there being no possible objection either to Dr. Sankey, or Dr. Campbell, and it being for the good of the society perfectly immaterial which of those two gentlemen is selected to be the president—if we have a second nomination, it may appear to be a slight to the gentleman who is not elected.

*The President.*—I asked if any other gentleman was proposed or seconded. (Chair, chair.)

*Dr. Monro.*—Allow me to say a word on the principle of nominating or not nominating. It seems to be a very unadvisable step, and it is not in accordance with the mode in which the President of the College of Physicians is elected. There it is a free ballot. You know it puts us all in an exceedingly uncomfortable position—this sort of thing going on. As my friend Dr. Sankey was proposed, I did not like to say a word either against him or for him. Of course there are other gentlemen who might be named, and it is exceedingly uncomfortable to have to publicly oppose an individual, a friend, for whom you have a regard, and who, I am perfectly certain, would make a most excellent president. But I am also a friend of Dr. Campbell's, and I think it would be a great deal the best plan if we did not name any one; but let it be a free and open ballot. (Hear, hear.) And, as you encourage me with your cheers, I point to that which always influences Englishmen, I mean precedent—the precedent afforded by the practice of the College of Physicians.

*Dr. Wood.*—When a motion is before the meeting it is perfectly competent to a member to make any remarks he thinks proper; therefore, I think Dr. Tuke was in order just now, in what he said when commenting upon the motion that was moved, and we are now in this predicament, that we have two motions before us, and before anything else can be done, those

\* In consequence of the frequent reference to the Rules of the Association during this Annual Meeting, they are printed as an Appendix to this Report.

motions, with the consent of the chair, must be withdrawn. We cannot allow the election to proceed until those motions are formally withdrawn. Of course it is competent for any number of comments to be made upon them, but before we can revert—I think, Dr. Davey is right as regards the proper course to take—before we revert to that we must get these two proposers to withdraw.

*A Member.*—I understood the President to ask if any gentleman wished to propose a candidate. Either this is the law, or it is not. We had better keep to something or other.

*The President.*—As I understand the law at present, I think it is distinctly within the power of any member of this Association to propose a member for the ballot. Dr. Manley did propose one member, and Dr. Christie another. I am prepared to hear now a third, or a fourth.

*Dr. Christie.*—I was rather surprised to read Dr. Davey's remarks, because he speaks in his letter of the monopoly of power by a few. If only one gentleman is to be nominated, all that any one has to do is to take care that he has a friend who will jump up immediately and propose his name, and then there can be no opposition.

*Dr. Davey.*—Excuse me—

*Dr. Christie.*—I cannot conceive, therefore, that it is a good thing for one name only to come before the meeting. My idea is, that we should have an opportunity of choosing from several candidates. I do not wish to put one forward in an undue degree, but I merely propose a gentleman who, I believe, will do us an honour by becoming our President.

*Dr. Davey.*—It has been said that I uphold the practice of nominating one gentleman for the Presidency. I have never done any such thing. If I did, I should deserve the remark which has been made upon me; but it is not in harmony with the facts of the case.

*Dr. Tuke.*—I think I am in order in speaking on this resolution, and I think that, never having missed one single meeting since I was originally elected a member of this Association, I may be permitted to say that the harmony and good feeling of this meeting would be very seriously interfered with if we run, in this way, two names together. I speak from knowledge of this matter, for this reason, that I was myself put up as President with Dr. Skae, and it was not pleasant to have the names read out, and then to find myself finally rejected by a majority of two. I do not think that is a fair thing. What I propose is, that we first send round the ballot box for Dr. Sankey. If he is unanimously elected *cadit questio*, and if he be not elected send it round for another, but do not run two names together, throwing a perfectly undeserved slur upon the defeated candidate.

*Dr. Henry Stewart.*—Why not proceed according to what Dr. Monroe said. The President tells us that there is no rule about it—that the law does not bind one way or another. Why not now, without any name being mentioned, send round the ballot box for next year?

*Dr. Wood.*—I think if we asked the gentlemen to withdraw we should then act upon precedent; we should meet the objection of our friend Dr. Davey, and leave everybody free to put down any name he thinks proper. I think we can hardly fail to be right in what we do, if we do the same as is done with regard to the election of the president of the College of Physicians. I would, therefore, appeal to the gentlemen to withdraw the propositions which they have made.

*Dr. Manley.*—I have pleasure in withdrawing after what has been said.

*Dr. Christie.*—I shall be happy to do the same.

*The President.*—Then I understand this meeting bows to Dr. Davey's reading of the rule.

*Dr. Christie.*—No; I did not say that. I must say, with due deference to

Dr. Wood, that Dr. Robertson is in the chair, and that he has decided that we are strictly within the rule in proposing members as candidates.

*Dr. Wood.*—It is only for the sake of harmony that I suggested it.

*Dr. Monro.*—I must say one word. It seems to me that the principle of naming anybody upsets the ballot altogether.

*A Member.*—I quite agree with Dr. Monro.

*Dr. Wood.*—It is not a personal matter; but I think, as a fact, it would be the better way.

*The President.*—I understand, then, there is no name before the meeting.

*Dr. Wood.*—I propose that we proceed to the election upon the principle of the College of Physicians; that each gentleman should have a piece of paper, and write upon it the name of the gentleman he wishes to be elected. (Hear, hear.)

*Dr. Monro.*—I second Dr. Wood's proposition.

*Dr. Henry Stewart.*—I perfectly agree with that, and if that plan is not followed I won't vote at all.

*Dr. Christie.*—Is not this a fresh proposition altogether? Dr. Davey cannot put such a resolution now.

*Dr. Wood.*—It is not Dr. Davey's proposition.

*The President.*—The feeling of the meeting appears to be against my reading of Rule 9. According to my reading of it, certainly every member may propose a candidate for the Presidency.

*Dr. Christie.*—I think we are bound to submit to your ruling.

*The President.*—I think it is an open question. I read it in one way, and the feeling of the meeting reads it another. I bow to the feeling of the meeting, and I advise the meeting to proceed quietly to the ballot.

*Dr. Wood.*—It is only for the sake of harmony, with no personal feeling whatever.

*A Member.*—It is the custom of societies in general to nominate and second.

*Dr. Christie.*—I shall move, as an amendment to Dr. Wood's motion, that members be invited to nominate and second candidates.

*Dr. Davey.*—If you wish to alter the rule, notice must be given.

*The President.*—Dr. Wood's proposition is, that we proceed to an election by ballot without the names being first given, in accordance with the practice of the College of Physicians. Dr. Christie moves as an amendment, that members be invited to nominate and second candidates.

The amendment was lost, and Dr. Wood's motion was put and carried.

*Dr. Christie.*—I give notice that I shall propose, at the next meeting, an alteration of the rule regarding the election of President, to the effect that every candidate shall be proposed and seconded.

*Dr. Davey.*—I believe my proposal for alteration comes before that.

*The President.*—I have them both, Dr. Davey. I will now ask the Secretary to take the ballot.

Upon the ballot being taken, there appeared—

For Dr. Sankey . . . . .	13 votes
Dr. Campbell . . . . .	9 "
Dr. Paul . . . . .	4 "
Dr. Davey . . . . .	2 "
Dr. Sheppard . . . . .	1 "

*The President.*—Twenty-nine members have voted. There must be a majority of members; therefore, Dr. Sankey is not yet elected.

*Dr. Wood.*—We must have another election. I can only tell you that, in the College of Physicians, the president must have the majority of fellows present. Nobody has the majority of members present now.

*The President.*—I have ruled, and I think the feeling of the meeting is with me, that Dr. Sankey has not the majority, and I must call upon you again to record your votes for the two highest.

The ballot was again taken, and upon the Secretary calling over the votes there appeared to be—

For Dr. Sankey . . . . .	16 votes
Dr. Campbell . . . . .	16 „

*The President.*—I find there are 16 for Dr. Sankey, and 16 for Dr. Campbell. In giving my casting vote for Dr. Sankey, I may be just allowed to say that I am intimately acquainted with both those gentlemen, and I am sure either of them would do honour to the chair; but I feel that, as Dr. Sankey had 13 votes on the first ballot, and Dr. Campbell only 9, I am best interpreting the wishes of this meeting in now voting for Dr. Sankey. The next point for your consideration is the election of other officers. The first question is, as to the Editors of the Journal. Has any gentleman any proposal to make with regard to the Editors of the Journal?

*Dr. Manley.*—I propose that the present Editors be re-elected.

*Dr. Langdon Down.*—I beg to second that.

Carried unanimously.

*The President.*—The next proposal is with regard to the Treasurer.

*Dr. Monro.*—I beg to propose that Dr. Paul be re-elected as Treasurer.

*Dr. Christie.*—I shall have pleasure in seconding that.

Carried unanimously.

*The President.*—The next is the General Secretary.

*Dr. Sheppard.*—I beg to propose Dr. Tuke again.

*Dr. Brushfield.*—I second that proposition.

Carried unanimously.

*Dr. Tuke.*—I am extremely obliged to you, Mr. President and members of the Association, for electing me. I take a great deal of pride in the office of Secretary, and rather prefer it to that of President. (Laughter.) I trust I shall in future avoid the error into which we fell last year, and I repeat it was entirely an oversight. Having very much at heart the interests of the Association, I think in several ways it might be improved. I cannot do it myself, but I venture to suggest that some member should give notice of a proposition for meeting oftener, and particularly that our President should be elected for two years instead of one.

*Dr. Paul* proposed that the Irish and Scotch Secretaries be re-elected.

*Dr. Eastwood* seconded the proposition.

The two retiring members of the Council were then re-elected on the motion of Dr. Manley, seconded by Dr. Lindsay.

*The President.*—The next business that comes before us is the election of three honorary members, and twenty-one ordinary members. The three honorary members proposed are Staff-Surgeon Baron Mundy, Dr. Ludwig Meyer, the first to introduce in Germany the practice of non-restraint, and John D. Cleton, Esq., Commissioner in Lunacy.

*Dr. Davey.*—Am I in order in making remarks in reference to the election of honorary members?

*The President.*—Quite.

*Dr. Davey.*—Then, with your permission, I will take upon me to say that I do not myself feel quite satisfied with the manner in which we elect the honorary members of our Society. I take it our object is to create an aristocracy among ourselves, and very properly. I find no fault with that. I admire it very much indeed: but, understand me, it is the manner in which we proceed in the election of this aristocracy to which I am about to take objection. Now, I happen to be on the committee of the Council,



and I have never had my attention drawn to the merits of the question now before us, in so far as the election of these several gentlemen is concerned.

*The President.*—Would you allow me to refer to the rule? You are speaking contrary to Rule 8. It is not a question for the Council, but for any six members of the Association.

*Dr. Davey.*—I am much obliged to you. Shall I be in order in making a remark in regard to that rule?

*The President.*—Certainly.

*Dr. Davey.*—I take an objection to that rule, and I think it should be revised.

*The President.*—You had better give notice.

*Dr. Davey.*—Shall I be wrong in making a remark now?

*The President.*—We are now electing the honorary members. You had better give notice.

*Dr. Davey.*—I give notice that I will move an amendment to the law next year.

*The President.*—We proceed to ballot for the three honorary members whose names are now before the meeting.

*A Member.*—We had better appoint scrutineers.

*Another Member.*—It will be exceedingly inconvenient to take all four together.

*The President.*—Then I will take them individually. The first member proposed is Staff-Surgeon Baron Mundy. (Applause.)

*A Member.*—I think you read a rule to the effect that the election was to take place by ballot.

*The President.*—By ballot if required. It is necessary that there should be a majority of two thirds.

*Dr. Wood.*—I am extremely unwilling to intrude; but the rule, as I understand you to read it, runs thus—"That gentlemen, whether of the medical profession or otherwise, who are distinguished, &c. . . the election to be by ballot, as in the case of ordinary members."

*The President.*—Then read the rule as to the election of ordinary members.

*Dr. Wood.*—"That the election of members take place by ballot—a majority of two thirds required." I think it is quite clear that we have no right to depart from that.

*A Member.*—We have done it before.

*Dr. Wood.*—It is never too late to mend. There is the rule, and we must observe it if we observe the rules at all.

*The President.*—Then we will take a ballot for the three honorary members.

*Dr. Manley.*—It is quite clear that, although we are obliged to vote by ballot, it stands in our minutes that Baron Mundy has been carried by acclamation.

*Dr. Monro.*—I thought it was agreed that we might put all three on the same paper, so that the box need only go round once.

*The President.*—Then with regard to the other members, we have twenty-two. Is it the pleasure of the meeting to have a separate ballot for them?

*Dr. Wood.*—I think we had better take the honorary members first.

*The President.*—Then the Secretary will take the ballot-box round for the three honorary members. You will please write either one, two, or three, names on the paper.

*Dr. Sheppard.*—If we do not write the name of any one?

*The President.*—Then you vote against them.

The ballot was then proceeded with.

*The President.*—One of the auditors retires this year, and Dr. Sheppard, as senior auditor, is the one. Has any gentleman any candidate to propose in Dr. Sheppard's place?

*Dr. Monro.*—I beg to propose Dr. Blandford.

Carried unanimously.

*Dr. Christie.*—There has been a misunderstanding about Baron Mundy. Nobody has omitted it intentionally.

*Dr. Tuke.*—Baron Mundy's election has been carried by acclamation.

The ballot having been taken, it was found that the numbers for the other two candidates were :

Dr. Ludwig Meyer . . . . .	27
Mr. Cleaton . . . . .	26

*The President.*—Mr. Cleaton and Dr. Ludwig Meyer are both elected honorary members of this Association. Then, with regard to the ordinary members, there are twenty-two candidates. Will the Secretary read the list over? It is understood that each gentleman shall either write "all," or write any individual name that is objected to.

*The Secretary* read the following list :

Staff-Surgeon T. Blatherwick, Fort Pitt, Chatham.  
 Coyte Bailey, Esq., Three Counties Asylum, Stotford, Baldock, Herts.  
 Thomas Buzzard, M.D., 12, Green Street, London.  
 Edward Byas, Esq., Grove Hall, Bow.  
 John A. Campbell, M.D., County Asylum, Carlisle.  
 Edward Chaffers, Esq., York.  
 Balfour Cockburn, M.D., Fort Pitt, Chatham.  
 Charles Davidson, M.D., Bethnal House, London.  
 William Douglas, M.D., County Asylum, Lincoln.  
 G. H. Dodsworth, Esq., Bucks County Asylum.  
 Corbin Finch, Esq., Salisbury.  
 — Fuller, Esq., Peckham House Asylum.  
 W. R. Gasquet, M.D., 127, Eastern Road, Brighton.  
 H. Minchin, Esq., 56, Dominick Street, Dublin.  
 W. McLeod, M.D., Deputy Inspector-General, Great Yarmouth.  
 G. Mickley, M.D., Royal Hospital, Bethlehem.  
 I. Partridge, Esq., Woodville House, Lazells, Birmingham.  
 — Sabben, M.D., Northumberland House, Stoke Newington.  
 Edward Seaton, M.D., Sunbury.  
 Thomas C. Shaw, M.B., County Asylum, Colney Hatch.  
 H. H. Stabb, M.D., St. John's, Newfoundland.  
 Andrew Smart, M.D., Melville Street, Edinburgh.

#### THE IRISH DISTRICT ASYLUMS.

*The President.*—I have received a communication from our associate, Dr. Flynn, of the Clonmel District Asylum, with reference to the retiring clause in the Irish Asylum Bill, now before Parliament. "*We want* (writes Dr. Flynn) *a just retiring allowance. At present we are merely civil servants on sixtieths; for, if a salary be £300 per annum for twenty years, our retiring allowance would be £100 per annum, and might be made only one half if local boards so willed it, though appointed by the Government.*" I would ask Mr. Blake now to make some remarks in reference to the present Irish Bill. If the arrangements for retiring officers are such as are represented by Dr. Flynn, they do not seem to be very equitable.

*Mr. Blake, M.P.*—Mr. President and gentlemen, I think there is rather an erroneous impression as to the measure in the House of Commons. The

clause of the bill to which allusion is made, and which is complained of, only provides that in case an officer himself chooses to retire after a certain time his remuneration shall be upon the same principle as that of an officer of the civil service; but there are some preceding regulations with regard to the medical officers of Irish lunatic asylums which I think are of a more liberal character. The bill has already passed the Commons, so that we have no control over it. It has passed the third reading, and may come before the House of Lords to-morrow. It is quite certain that under that bill, and under preceding acts, the medical officers are only provided for under the same circumstances as members of the civil service, and I must confess that I think a more liberal clause should be introduced, and therefore if you wish I shall be very happy to do anything in my power for that object. Perhaps you will pardon my saying that I am not disposed to go to the extent Dr. Stewart suggests with regard to the remuneration of our medical officers. Now, he tells me that his idea is—he will correct me if I am wrong—that after fifty an officer ought to be allowed to retire if he chooses. I must confess that, as a representative of the ratepayers, I should be rather reluctant to allow an officer, unless owing to great exertion he has become incapacitated, to retire at fifty years of age. I myself have passed my fortieth year, and I should be very sorry if I was told at fifty that I was beyond service. I have given the subject of lunatic asylums my full attention, and I should be very glad, when you do consider the question, to go as far as I can with you. What I desire to apply myself to is this, which I am sure will be received with great satisfaction by those gentlemen whom I have the honour of addressing connected with Irish asylums, though I apprehend some of those who are aspirants for situations will not receive it with satisfaction. You are aware that hitherto the practice has been in Ireland to require, as the only qualification of a gentleman seeking the post of medical resident superintendents of asylums, the production of his diploma as a member of the College of Physicians in Ireland. It has hardly ever been inquired into whether they had any knowledge whatever of the treatment of the insane, or ever saw the inside of a lunatic asylum, or ever had any opportunity, beyond mere reading up on the subject, to acquire any knowledge upon a branch of the profession which requires peculiar knowledge; but it so happens in Ireland that a gentleman sees the appointment vacant, and proceeds to write to anybody with whom he is acquainted, possessing Parliamentary influence, in order to obtain it; the consequence is, that a very great number of gentlemen receive the office of medical superintendents and officers of lunatic asylums who are not properly qualified. I took the opportunity when the bill, which I just now spoke of, was passing through the house, to introduce a clause into it to the effect that no appointment should be conferred unless the person nominated should receive a certificate from the Inspector-General of Lunatic Asylums in Ireland that he was considered competent by reason of having a sufficient knowledge of the medical treatment of insanity. Lord Naas, the Chief Secretary for Ireland, objected to do that, as he considered it would place it too much in the hands of the Chief Inspector of Asylums in Ireland, and make it rest very much with him to say who should be appointed. They said, that if I would consent to withdraw my amendment, they would undertake that immediately a fresh rule should be introduced in the Privy Council, giving a preference for all future appointments to gentlemen who have gone through a certain probation in lunatic asylums, and had a practical knowledge of the moral and medical treatment of insanity. I consider that very important, and am quite sure that it will be received with satisfaction by the very important body I have now the honour to address, and I think it very desirable that it should be mentioned in the next issue of the periodical, in order that future

aspirants should become aware that one essential qualification will be a practical knowledge of the subject.

MR. BLAKE'S PROPOSAL FOR A ROYAL COMMISSION.

*Mr. Blake, M.P.*—The next matter, upon which I will occupy a very few minutes of your time, is to ask whether I can obtain from the Society concurrence with regard to a matter upon which I have already received a large amount of support. It is a matter which very intimately concerns you all here, and perhaps you will pardon me if for a very few minutes I call it to your attention. There are some gentlemen here who have taken an interest in the Irish lunatic asylums, and endeavoured to introduce a better system in so far as affording the patients greater liberty, and also giving them increased occupation of a suitable character. In order to inform myself on the subject, I visited almost every lunatic asylum in England, and a great number elsewhere. In the course of my investigations on the subject I have found that there is a very great deal of difference as regards the moral treatment in the different asylums in England and Ireland and on the Continent. We find in one asylum a very great amount of amusement, recreation, and so forth, and in other asylums very little or nothing of the kind, but they take more the character of hospitals. Last year I wrote a small pamphlet on the subject, which I have not the least intention of reading to you now, but which I have presented to some of the members present. I will, however, with your permission, read a short paragraph to explain exactly what I mean. This was a paper read before the Social Science Congress, entitled "The Moral Treatment of Insanity, and suggestions for the appointment of a Royal Commission to inquire into the Treatment pursued in the Asylums of the United Kingdom, and to report upon the system which appears best adapted for carrying out the most approved Principles of Moral Treatment." The passage runs thus:—"I should be glad to pause here and offer a well-merited tribute of praise to the manner in which some of our English and Irish asylums are conducted. I am only restrained from referring to a few of them by name by the consideration that my silence respecting other institutions might be construed as a tacit censure upon their management and conduct. In a work upon the subject of the defects of public asylums, which I published some years since, I have entered more fully into this question than the limits of this paper would admit of my doing on the present occasion, nor is it my purpose just now to travel beyond the general principle of moral treatment. Conceding, as I do, that all public asylums have, since 1792, made steady progress in the direction of a more successful and enlightened principle of treatment, and feeling convinced that the moral treatment of the insane, by kindness, occupation, and amusement, is now firmly established, I would venture to ask why is the principle now carried so much further in some institutions than in others? And, again, would it not be possible to lay down some general code of rules and regulations for the guidance of all public and private asylums in the United Kingdom, and thus afford to their inmates the fullest advantages, limited only by local circumstances of liberty, occupation, and amusement? In visiting public asylums at home and abroad, I have often been struck by the different principles which appeared to guide the governing powers of almost neighbouring institutions. Thus, in England the asylums of Leicester and York have absolutely no boundary walls—nothing beyond a quick-set hedge; while other English county asylums are protected by the old, conventional, high, prison-like walls; and I may add that the official returns of these respective institutions show that the attempts to escape are less frequent in the unwalled than in the walled asylums; and, what in a fiscal point of view is of greater importance, the number of attendants required is

less. At Gheel, in Belgium, the lunatics are confined by no boundary limit whatever; there is no wall, no hedge, no line of demarcation between the mentally afflicted patient and the healthy colony in which he finds a refuge and a home. Indeed, in this admirable lunatic colony I witnessed the insane and the sane working side by side at their various avocations, and with this almost incredibly encouraging result—that whereas Gheel receives only such cases as are deemed incurable, it actually cures 18 per cent. of its, I was going to say, inmates; it would be more appropriate to term them guests. At Turin, again, I saw at the Manicomio Regio restraint imposed in many objectionable forms—patients, for instance, bound and strapped to their beds. Only sixty miles off, in the Manicomio at Genoa, almost all restraint was discarded, and the sleeping-rooms of the patients were not even isolated by a door—a curtain alone extended across the opening. The same disparity in the line of practice pursued prevails amongst the asylums of the United Kingdom. Perhaps I ought not to include Scotland, as I have not personally visited the Scotch asylums. In some of the asylums of Great Britain and Ireland the most enlightened modern principles of treatment are carried out to the fullest extent, and with the most gratifying results; the patients enjoy a considerable amount of liberty; healthy occupation and a fair proportion of amusement are provided for them; they are treated with kindness and confidence. In other asylums the same principles of treatment appear to be in their infancy, judging by the extent to which they are practically carried out. In point of fact, as asylums are at present governed, the inclination or the indolence of the resident staff of officers determines the extent to which the patients shall benefit by principles whose adoption is now admitted to afford the best means for their restoration to the blessings of an unclouded reason. Some of the institutions of this country, in which the moral treatment of the inmates appears to be a matter of indifference to the staff, are little better than county gaols, where the lunatics are merely detained in safe custody; they are, no doubt, clean, orderly, and comfortable; but they hold out little prospect of exercising a curative influence upon their inmates.” Now, what I was peculiarly anxious to prove was this—the advisability of getting a Royal Commission appointed in order to inquire into the various systems, with the view of seeing whether some general rules could not be laid down for the guidance of all public and private asylums. When I said that some of the institutions of this country were little better than county gaols, I was speaking of the asylums of my own country, which I know better than others. In some, such as those with which Dr. Stewart and others are connected, everything is as it ought to be. I felt it was only due to you that, before I took a decided step in the House of Commons, I should lay the subject before you for your advice; and if you think the proposal is injudicious, I will pay that deference to your judgment which is necessary by not proceeding in that direction.

*Dr. Tuke.*—I am sure this Association must feel obliged to members of the House of Commons who take an interest in this matter, and I don't think any one has done more for us than Mr. Blake. If he will give us anything tangible, which could be put in the form of a motion or a distinct resolution, we shall be able to deal with it.

*The President.*—Mr. Blake is simply come to ask if the feeling of the Association is with him.

*Mr. Blake.*—I should like to give the President, as I have already given the Secretary, a copy of my pamphlet. Should you agree to co-operate with me as an Association, you might, as gentlemen residing in different parts of the country, exercise a very great amount of influence. The ‘Lancet’ and several other papers strongly advocate the proposal; and if I go to Parliament strengthened by your approbation, and with the certainty of

getting whatever local assistance you can give, I am quite certain we shall be able to carry it.

*Baron Mundy.*—I think it extremely important to know if Mr. Blake's motion in the House of Commons has been brought on.

*Mr. Blake.*—I had it on the books for some time, but did not get an opportunity of bringing it on.

*Dr. Wood.*—If I understand the proposition now before us, it is that we should pass a resolution, saying we believe that a Royal Commission would be of essential service to the interests of the insane. I think we all do feel that, and we must certainly feel greatly indebted to Mr. Blake. No doubt the opinion of the Association goes for something, and it would be a matter of duty if it can be carried out. Therefore, I would suggest that we have a resolution drawn up from the chair to that effect, and I shall be happy to move it.

*Dr. Belgrave.*—I very much hope that this Society will accede to the proposition that has been made by Mr. Blake, as I believe very great benefit would be derived. I would respectfully submit that a deputation from this Society should wait upon the Secretary for the Home Department, and, if possible, interest him in the matter. I remember one on one occasion, some few years ago, on a matter of great consequence, similar in its character, and the result was that the subject was taken in hand, and the desired reform accomplished.

*Dr. Wood.*—I am not quite sure that in this instance sending a deputation is quite the proper form of action, because I presume the members of the House of Commons are the parties to appeal to. The appointment of a Commission does not, I think, rest with the Secretary himself, but it is a question entirely for the decision of the House. Mr. Blake will correct me if I am wrong, but I think it is in the discretion of the House.

*Mr. Blake.*—Probably it is too late to do anything this session, but if you pass a resolution, and draw up a memorial, it might be exceedingly valuable at the commencement of next session for as many of the members of the association as possible to wait upon the Secretary of State.

*Dr. Monro.*—May I ask whether it would not be well to appoint a committee to work with Mr. Blake? If the Association approves, and I think it does, of the object of Mr. Blake, I would move that a committee be appointed to assist him in his parliamentary efforts.

*Dr. Tuke.*—I beg to second that.

*Dr. Belgrave.*—Mr. Blake himself being an ex-officio-member of the committee.

*Dr. Wood.*—The committee would arrange the deputation and arrange the memorial.

*Dr. Monro.*—It is suggested, first, that, as a body, we approve of the appointment of a Royal Commission, and, as I understand, Dr. Wood has proposed that the Association should express that approval. I go further than that, and move that we wait upon the Home Secretary in order to get him to inform us as to the course to be taken.

*Dr. Christie.*—Then we are voting for a Royal Commission to inquire into the treatment of the insane throughout the world, I suppose?

*Dr. Wood.*—No; simply throughout the United Kingdom.

*Dr. Christie.*—I merely want to know what we are voting for.

*The President.*—The proposition moved by Dr. Wood is as follows :—"That this meeting considers it most desirable to have a Royal Commission appointed for the purpose suggested by Mr. Blake, namely, to enable it to inquire into the treatment pursued in the asylums of the United Kingdom, and to report upon the system which appears best adapted for carrying out the most approved principles of moral treatment."

*Dr. Wood.*—I would suggest that the special reference to lunatic asylums should be omitted, so as not to limit inquiry. Suppose we say, "to inquire into the best manner of providing for and treating the insane, and those reputed to be insane, in the United Kingdom."

*Dr. Monro.*—"And that a committee be appointed for the purpose of giving effect to the wishes of the Association."

*Dr. Wood.*—That comes afterwards.

*Dr. Monro.*—I think it is a very important thing that we should understand whether we request the Commissioners to go into the present or present and past treatment of asylums, or whether it is to go into the question of what ought to be in the future; because if this commission is to go into all the asylums of the country at present, it will go directly into the work of the Commissioners in Lunacy.

*Dr. Wood.*—That is not what is proposed at all.

*Dr. Monro.*—I certainly think that this Association and Mr. Blake, and every one concerned in this matter, ought to communicate with the Commissioners in Lunacy; it would only be polite to them. Of course, if the commission is only to go into the question of finding out what is the best way in future of treating the insane, it would not interfere with them; but otherwise it would seem as if we were proposing a Royal Commission which should supersede the Commissioners in Lunacy altogether.

*Dr. Wood.*—The resolution says, "to inquire into the best manner of providing for and treating the insane and those reputed to be insane." The object, therefore, is distinctly for the future.

*Dr. Monro.*—I see the words have been altered. They were originally such as to lead to the inference that it was the existing treatment in asylums which was to be inquired into. That is not your intention?

*Dr. Wood.*—Oh dear, no; certainly not.

*Dr. Monro.*—It is not a retrospective judgment that is required, but a prospective one?

*Dr. Wood.*—Certainly.

*Dr. Tuke.*—I propose an amendment upon the resolution which has been moved by Dr. Wood. I propose "That a committee should be appointed who should represent the Association and take such steps as they may think fit in conjunction with Mr. Blake." By adopting this course the Association would not be committing itself to anything.

*Dr. Monro.*—I second that, because I think the first motion may appear to go a little further than a simple proposition of this kind.

*Dr. Wood.*—We first want to determine what the opinion of the meeting is before we take any steps in the matter. Are we or are we not of opinion that we should go into the thing judicially? Certainly the meeting is competent to determine the first grand question—is it or is it not right that this Royal Commission should be applied for? Surely it is better to determine that by putting it to a large meeting than by putting it to a select few. Therefore I am disposed still to stand by my original proposition.

*Dr. Christie.*—I am very glad Dr. Tuke has brought forward his amendment, as it appeared to me we were on very dangerous ground. I think we are travelling very fast. I am quite satisfied that the Commissioners in Lunacy have done a good deal. The improved treatment of insanity has taken a strong hold upon the profession, and the Commissioners have brought an influence to bear which no Royal Commission such as that suggested can ever bring. It seems like saying they have not done their duty. I think we ought to be very cautious how we proceed.

*Dr. Wood.*—I must disclaim any such idea. I am not in the least degree reflecting upon the great service which the Commissioners have rendered to

the cause of insanity ; but after Mr. Blake has taken the trouble to come and ask our opinion I think we ought to say whether we think he is right or not in asking for a Royal Commission

*Mr. Blake.*—I will just describe what the action of the inspectors is. They see the house and so forth, but never make any rules for the guidance of the establishment as regards moral treatment, but it is left entirely to the officers of the asylums themselves. Now, my object is not so much to find fault with the existing systems as to devise the subject-matter of rules to be introduced in future. I am very far from wishing to bind this Association all at once to an opinion in favour of a Royal Commission. I wish you to give the matter what weight you think judicious. If I have the honour to meet a committee of the Association next session, we can consider the matter, and you can then give us authority to act in whatever way you think best.

*Dr. Manley.*—All our asylums are managed by committees, who draw up strict rules for the guidance of officers and servants, and it is the business of the Commissioners in Lunacy, not only to see that persons are properly taken into asylums, but also to go to the different houses and see that the rules are carried out, and, if there are improvements to be made, to record their opinions in a book that such and such changes should be effected.

*Mr. Blake.*—I have known cases in which the same state of things has continued for many years. In the case of one asylum the inmates were well dressed and well fed, and all the inspectors passed it as a most excellent asylum, yet there was nothing in the way of exercise or recreation going on; and the very same thing exists in some asylums at present. Some are not a bit better than county prisons.

*A Member.*—I can bear testimony to the Commissioners carrying out the very things you suggested in the asylums round London. They especially look to the moral treatment and amusement of the insane; for instance, going to the seaside, the theatre, &c. It is the same at all the houses in the neighbourhood of London, I think. All these things are specially taken care of by the Commissioners in Lunacy.

*Dr. Monro.*—Considering that the hour of the afternoon meeting has arrived, and that Mr. Blake in his last speech has agreed with the amendment rather than the proposal, viz. that a committee should be appointed to go into the whole subject, and that we should not go quite so far as the proposal itself—and considering that Mr. Blake was the centre and the origin of the whole thing—probably the mover of the motion will withdraw it, and allow the amendment to be put instead.

*Dr. Wood.*—As I made the proposition entirely to suit Mr. Blake's views, I am perfectly willing to withdraw it.

*Dr. Sheppard.*—With the view of saving time and shortening the discussion, I was going to propose (which seems a curious way of doing it) another amendment. There is a great deal of truth in what Dr. Monro and Dr. Christie have said about the dangerous ground on which we are treading, and therefore I submit this amendment—"That while we thank Mr. Blake for the interest which he has taken in the welfare of the insane, we feel that in entertaining the proposition we are altogether losing sight of what the obvious answer of the Government would be, namely, that a Royal Commission would supersede the duties of the appointed guardians of the insane—the Commissioners in Lunacy—and be the establishment of a most dangerous precedent." I need not make any remarks upon it at all.

*Dr. Wood.*—It surely could not have that effect at all.

*Dr.*—I have much pleasure in seconding the amendment of Dr. Sheppard.

*Dr. Wood.*—The original motion is not before the meeting now.



*Dr. Sheppard.*—Then you withdraw it?

*Dr. Wood.*—I have already done so.

*The President.*—It is now more than half-past two. Is it the pleasure of the meeting that we should adjourn or continue business? I am in your hands.

*Dr. Christie.*—I should think we had much better adjourn for a few minutes.

*Dr. Tuke.*—I move that a committee be appointed to act as the general council to represent the Association, and take such steps as they may think proper in the matter suggested by Mr. Blake. The names I propose are Mr. Blake himself, Dr. Blandford, Dr. Christie, Dr. Brushfield, and Dr. Monro.

*Dr. Sheppard.*—I submit the amendment which I have already read.

Dr. Tuke's motion was then put.

*A Member.*—I must rise to order. Dr. Sheppard's proposition is not an amendment on Dr. Tuke's motion at all. It happens to be an amendment on Dr. Wood's motion, which has been withdrawn. Dr. Tuke's proposition is now put forward as a substantive motion, and therefore the amendment goes into a question which is not dealt with in the motion at all.

*The President.*—Suppose we put Dr. Tuke's motion.

*Dr. Sheppard.*—You have already put it, but no one votes for it.

*Dr. Monro.*—It has been misunderstood.

*The President.*—Who votes in favour of Dr. Tuke's motion?

The motion was put and lost.

*The President.*—The next question is as to the adjournment. At what time is it your pleasure to hold the afternoon meeting? It is now twenty minutes to three.

*Dr. Christie.*—Suppose we say three o'clock?

The proposal for adjournment was then agreed to, and the meeting was adjourned accordingly till three o'clock.

#### AFTERNOON MEETING.

*The President.*—We have got through in the morning the whole of our business, the election of our officers and the place of meeting next year, and also the very important subject which Mr. Blake was kind enough to bring before us. The other matter of general business which we have before us is a letter from the Société Médico-Psychologique of Paris. There was a notice inserted in the last number of the Journal calling attention to the very important meeting that takes place in Paris on the 10th, 11th, and 14th of August.

*Baron Mundy.*—The 10th, 11th, and 12th; the 14th is changed to the 12th.

*The President.*—And the members of this Association, among others, are invited to attend. I have received a letter from M. Foville, in which he says—

“Dr. Robertson is specially requested, as President of the Medico-Psychological Association, to favour us, if possible, with his presence, and to express to the members of the general meeting, on the 31st inst., the pleasure with which the Société Médico-Psychologique would receive them.

“For the Board,

A. FOVILLE.”

I hear that physicians from all parts of Europe are going, and I hope some of our body will be present. It is at the Ecole de Médecine. I have also received a letter from Mr. Rumsey, member of the General Medical Council, calling our attention to the question of degrees, and certificates, and qualifications in State Medicine; and a resolution from Dr. Boyd, which, with your

permission, we will leave to the end of the meeting. I shall again, should time permit, refer to these after the business on the *Agenda* is all completed.

The subject on which I propose to address you to-day is the important question of *The Care and Treatment of the Insane Poor*. (See Part I, *Original Articles, Article I.*—"THE CARE AND TREATMENT OF THE INSANE POOR. By C. LOCKHART ROBERTSON, M.D. Cantab., President of the Medico-Psychological Association.")

*Dr. Christie.*—I rise with very great pleasure to propose a vote of thanks to our President for the very able address he has given us this afternoon. It has afforded me very great gratification to hear his remarks with reference to the idiots, as upon that very subject I took upon myself to sketch out a plan for the Chairman of the Commissioners of Lunacy this year. Unfortunately it has not been taken up by that board, but I am in hopes that, by the aid of Dr. Robertson, it may be taken up. Every one knows the terrible difficulty we have in the treatment of idiocy in county asylums, and the tribute he paid to Earlswood is not at all undeserved. I cannot help thinking if we can but take a model from that, and push the treatment of idiots into the same sphere of usefulness as the treatment of the insane poor, we shall not only be indebted to Dr. Robertson for this address, but we shall be indebted to him for laying the foundation for it. It is with great pleasure I propose a vote of thanks to him.

*Dr. Langdon Down.*—I have very great pleasure in seconding the vote of thanks proposed by Dr. Christie, and join most heartily in applauding that portion of the address relating to the treatment of idiots. I feel that Dr. Robertson has been too complimentary to Earlswood, but, however, I should only be too happy to see multitudes of Earlswoods throughout the land.

The resolution was unanimously agreed to.

*The President.*—I now call upon Baron Mundy for his address. (See Part I, *Original Articles, Article II.*—"A COMPARATIVE EXAMINATION OF THE LAWS OF LUNACY IN EUROPE. By BARON MUNDY, M.D.")

*Dr. Belgrave.*—I have great pleasure in proposing a vote of thanks to Baron Mundy for his address. I may mention that he excluded two countries which do possess lunacy laws, namely, Russia and Denmark. Denmark possesses a definite code of lunacy laws, and Russia has an indefinite code, if I may so express myself; that is to say, a number of disconnected laws, which a council is now engaged in converting into a regular digest, so that they will eventually have a more definite code of laws than we ourselves possess. Then Baron Mundy made one remark which I can testify not to be correct, and that is, that the asylums in Russia very much resemble the condition of Bedlam in years gone by. I am acquainted with a large number of asylums, and I believe that the asylum in connection with the University of St. Petersburg is the best organised and best designed for the purposes of tuition of any asylum in Europe. Every arrangement is good, not only for the recovery of the patients, but also for imparting instruction to medical students. I consider we are greatly indebted to Baron Mundy, as we necessarily must be to physicians who bring to us an account of their works. I have great pleasure in proposing a vote of thanks.

*Baron Mundy.*—I know nothing about a law in Russia; they are merely ordinances and rules, but no law. And even in Denmark there is nothing that you may call a Parliamentary Act at all; they are just detached ordinances, detached rules, but a real law is not in existence. With regard to Dr. Belgrave's remarks about Russia, I quite agree that the hospital to which he refers is a very good one. But to say that, because one asylum in such a vast country as Russia is sufficiently tolerable, therefore all the other asylums are tolerable, is a proposition to which I cannot assent. If you will

kindly show me the law of Denmark and Russia I shall be very much obliged to you.

*Mr. G. W. Mould.*—I rise, sir, for the purpose of confirming Baron Mundy. Some four weeks ago I sent two of my attendants to Moscow for a patient, an English gentleman of large property, who had been shut up in an asylum. They described the state of the asylum as dreadful. The medical man lived three miles away, and visited the asylum only once in eight days. This English gentleman had not any clothing upon him. Two pillow-cases were wrapped round his thighs in a filthy dirty state. He had been confined in a strait waistcoat, and had four attendants. When they wished to go near him and give him any food, they took hold of the four corners of a sheet, threw it over his head, and pulled him head over heels. That is the description my attendant gave of the asylum. I think there are 400 patients, but that is the way they are treated.

*Dr. Morris.*—I beg to second the vote of thanks, and also thank Baron Mundy for the great interest which he takes in the Association.

*The President.*—We are extremely indebted to Baron Mundy for his kindness in coming over from Paris to attend this meeting. I am sure if there is a member who deserves well of this Association it is the Baron, who goes through Europe raising the fame of the English school of psychology. In every quarter of Europe does he sound our praise and make known our good deeds; and I am sure the Association have only shown him a very fitting honour to-day in making him an honorary member. He was not present in the room; but I may tell him we excluded him from the ballot, and elected him by acclamation. I now call on Dr. Davey to read his paper, "ON THE INSANE POOR IN MIDDLESEX, AND THE ASYLUMS AT HANWELL AND COLNEY HATCH. By JOHN G. DAVEY, M.D." (See Part I, *Original Articles, Article III.*)

*Dr. Tuke.*—I rise to propose a vote of thanks to Dr. Davey for his paper, and I may take the opportunity of asking Dr. Davey to re-examine his statistics. I think if he does he will find he need not be under so much alarm, as he evidently is, as to the increase of insanity. When the last Commissioners' report came out I analysed it very carefully, with a view of watching, as I am in the habit of doing, the statistical increase or decrease of insanity; and I found, as there can be no doubt, that the number of the insane has enormously increased, especially in the home counties. Now, that may be accounted for by the fact that the restless brain of a man about to become insane would naturally lead him to leave the country and come to London, and we therefore get a number round the metropolis. Again, Dr. Davey does not take into account the increase of the population; and he has also forgotten, which is a very important thing indeed, the prolongation of life in the insane. In point of fact, the increase altogether of the insane during the last decade has not been anything so very extraordinary; and, moreover, when we take the number of the richer classes, and compare them, who have been better treated—I mean as far as duration of life has gone, which has always been longer than the paupers—we find the richer class has not increased at all, and, in fact, their numbers in relation to the population have remained exactly the same. Therefore I think the increased number of poor that we have discovered and carried to our asylums, the length of life, and extra care that has been taken of them, fully account for the apparently large increase of insanity; and I do not in the least fear that we shall have in the next ten years the enormous array Dr. Davey has alarmed himself with.

*Dr. Christie.*—I will second that. In reference to the remark of the increase of insanity, in the first report I issued, I called attention to that

subject, that in the North Riding Asylum, for the last seven years, the numbers at the end of the year have been within one or two each year; there has been no increase and no decrease; this year, I am happy to say, we have had hitherto a slight decrease. On an average, there have been 500 patients in the asylum on the 31st December. We have had them this year down to 480; at the present moment we have 482; therefore I am anticipating what Dr. Robertson has stated—that we may have seen the outside of the number of the insane, especially in the agricultural counties.

The resolution was carried unanimously.

*A Member.*—May I ask what is the population of the North Riding?

*Dr. Christie.*—I really cannot give it you, for I have not had the tables put before me. I might mention, although it is the North Riding Asylum, we take the whole of the patients from the north and east, so that there has been no difference as regards the population in that respect. We have really only one manufacturing town—Middlesborough.

*Dr. Belgrave.*—Whatever opinion we may entertain with reference to the statistics of Dr. Davey, I think we may receive one suggestion of very great consequence. The experience of every member present will, no doubt, confirm me when I say that cases are much more curable when treated in the incipient condition. I am sorry to say in this large metropolis there is no institution of the kind where the poor may in their incipient condition apply and receive advice or relief. I respectfully suggest for the consideration of individual members the propriety that some of us should establish a dispensary or hospital for diseases of the brain and nervous system, by means of which we could afford to the poor such assistance when they are suffering from disease in an incipient condition as they may require. At the present time neither at Bethlehem nor St. Luke's are patients received. In the whole of the metropolis there is not any place to which poor relations can apply for assistance when they suspect the existence of mental disease.

*Dr. Bucknill.*—I wish to thank Dr. Davey for his interesting and valuable paper, and to express my own opinion that he is right in recommending that an hospital for recent cases should be established in this county in preference to small asylums which receive chronic patients. I hope also that the suggestion which has been thrown out as to the establishment of a dispensary for suspected cases or threatened cases of insanity may not be lost sight of. I know Dr. Johnson did much good in his experiments on the value of opium as a preventive of insanity, and I believe he carried out those experiments almost solely amongst the out-patients of an hospital. Still, whether an asylum for the chronic patients or an hospital for the curable patients may be established, whatever may be the decision or the opinion of the meeting on that point, I think they must agree with me that any division of the patients in a county asylum which is not rendered imperative by previous mistakes is in itself an evil. This is a question which has been forced upon the attention of the superintendents of asylums for many years past; and I have always felt the greatest apprehension that if what are called the chronic and incurable lunatics were taken out of the county asylum and placed in a separate institution devoted to themselves, they would be treated in a very different manner to that which we are accustomed to see in the present county asylums; and I have always feared that if the curable patients were kept out of the county asylums, and these latter establishments were, therefore, rendered receptacles for the incurable only, that the liberality of the visitors would be so acted upon by the economy of the ratepayers, that the curative treatment which is now the treatment of all patients in the county asylums generally would be cut down to what the ratepayers would consider the requirements of the incurable.

*Dr. Monro.*—I rise to make a few remarks. I most thoroughly agree with

what has just been said by Dr. Bucknill as regards the mode of treating the curable and recent cases separately from the incurable and chronic; and I also agree with the idea that it would be an excellent thing to establish an hospital for the curable a little way out of London. But the remarks which Dr. Davey made would really go to intimate that there are no such places as St. Luke's or Bethlehem Hospital in existence. I cannot sit here and hear it said that there is no place, that there is not any hospital, in London, where the acutely insane poor can apply for entrance. All I can say is, if you are not aware of the existence of St. Luke's, I beg to inform you of it. I think Dr. Williams a little feels the same thing as I do on that subject. There was one other point in Dr. Davey's paper which, if it could be brought into action, might be of use, but I hardly see how it would be, and that is the having a place for the reception of out-patients. It is a new idea altogether. I do not mean to say that because it is a novelty it is to be set aside, but I do not see that you could get men and women in the incipient stages of insanity up to any central place, either in London or the country. I do not, in fact, understand quite what the proposal is. A person, if he is insane, is received into the hospital—

*Dr. Davey.*—I beg your pardon, Dr. Monro; I think the gentleman on your left (Dr. Belgrave) made that proposal, not myself.

*Dr. Monro.*—It is an exceedingly interesting subject, but it comes before me as a fresh matter altogether. I want to know exactly who these out-patients are. Are they to be mad people or insane people; or are they to be persons who you suspect are going insane and want to take the advice of a physician to prevent their insanity continuing? I should like a little explanation on that point. As regards the question of establishing an hospital in the country for the treatment of the acute insane, I am sure I should be very glad to assist in that, though it is not required to such a degree, I think, as some of you imagine. I am afraid that Bethlehem and St. Luke's have faults, but they are a little out of your recollection.

*Dr. Rhys Williams.*—I understood Dr. Davey to say the hospital he wished to establish would be for the pauper class. One of our rules is, if they are proper objects for a pauper lunatic asylum, they are not fit for Bethlehem. Therefore I think Dr. Davey's hospital might be formed without interfering with St. Luke's or Bethlehem.

*Dr. Tuke.*—I take the opportunity to put in the report of the Statistical Committee appointed last year. I do not think I can have the conscience to inflict upon you the reading of my paper. I shall send it to the Journal, and hope you will read it with the attention with which you would have listened to me to-day. ("ON MONOMANIA, AND ITS RELATION TO THE CIVIL AND CRIMINAL LAW. By HARRINGTON TUKE, M.D. See part I, Original Articles, Article II.)

The Treasurer's report was read :

*The Treasurer's Annual Balance Sheet, July, 1867.*

RECEIPTS.		EXPENDITURE.	
	£ s. d.		£ s. d.
To Balance Cash in Hand 1865-6	37 18 9	Annual Meeting	9 18 0
		Editorial expenses (one year)	18 13 0
To Subscriptions received—	132 9 0	Printing and publishing	151 15 8
By Secretary for Ireland	23 2 0	Sundries—	
By Secretary for Scotland	26 5 0	Treasurer	1 10 0
		Secretary for Ireland	0 10 9
		Secretary for Scotland	0 4 7
		General Secretary	11 18 6
		Balance in Treasurer's hands	25 4 3
	<u>£219 14 9</u>		<u>£219 14 9</u>

Audited by W. WOOD.

ROYAL COLLEGE OF PHYSICIANS;  
July 31<sup>st</sup>, 1867.

Dr. Maudsley moved, and Dr. Brushfield seconded, the adoption of the report. Agreed to.

*The President.*—The only report we have not had before us is the report of the Committee on Asylum Statistics. This committee was reappointed to further consider the subject, and to make a second report. The six original tables which we recommended have been already introduced into two-thirds of the county asylums during the last year, and we have added to our proposal two or three more simple tables, the use of which the report explains.

#### SECOND REPORT OF THE COMMITTEE UPON ASYLUM STATISTICS.

*The Committee upon Asylum Statistics have the honour to present their second report to the Medico-Psychological Association.*

*Their first report (a copy of which is herewith annexed) was adopted by the Association at the Meeting of 1865.*

*The Committee have now the gratification of reporting that the six tables recommended by the Association have, for the reports of the year 1866, been adopted by the medical superintendents of the public asylums enumerated in the annexed list, including two in Scotland and one in Nova Scotia. The Committee believe the Association are indebted for this success to the favorable notice of their labours in the report of the English Commissioners in Lunacy for 1865.*

*In accordance with the resolution passed at the Edinburgh meeting in 1866, the Committee have further considered the subject of asylum statistics, and submit an extension of their uniform system in four additional tables, being tables VII, VIII, IX, X, of the series.*

*Table VII shows the duration of the disorder on admission in the admissions, discharges, and deaths of each year, according to the four classes recommended by Dr. Thurnam in his work on the 'Statistics of Insanity.'*

*Table VIII shows the ages of the admissions, discharges, and deaths of each year in quinquennial periods.*

*Table IX shows the condition in reference to marriage of the admissions, discharges, and deaths of each year.*

*Table X shows the causes, apparent or assigned, of the disorder, in the admissions, discharges, and deaths of the year.*

*These tables are all of simple construction, and compiled with no great labour, and include, with the series of six tables already adopted by the Association, the chief medical statistical results to be sought from our public asylum records.*

*The Committee have left the financial and domestic statistics unnoticed for the present, save that they annex a general balance-sheet, readily compiled from the various accounts now in use in the different asylums, which gives at one glance the general income and expenditure of the year and on the capital account, and also the average weekly expenditure per head on the weekly rate.*

*The Committee reprint herewith the former six tables adopted by the Association in 1865. Table V (the causes of death) admits of some modification and extension, according to the special requirements of each Asylum in respective years. The modification which may be required is, of course, considerable. Such additions can readily be made without altering the classification adopted. Thus to the division cerebral or spinal disease may be added inflammation of the brain, tumours, &c. &c. One or two such additions are suggested in the revised table V. Such an extension of the classification meets the suggestion on this point made by the Commissioners in Lunacy. This table may require further alteration*

*when the report on the nomenclature and classification of disease by the College of Physicians is published.*

(Signed)

JOHN THURNAM.  
C. L. ROBERTSON.  
HENRY MAUDSLEY.

ROYAL COLLEGE OF PHYSICIANS ;  
July 31st, 1867.

#### APPENDIX.

##### A. *Nominal List of Public Asylums in which the Tables recommended by the Medico-Psychological Association have been adopted.*

Argyll District Asylum.  
Birmingham Borough Asylum.  
Bristol City Asylum.  
Broadmoor Criminal Asylum.  
Buckingham County Asylum.  
Cumberland and Westmoreland County Asylum.  
Dorset County Asylum.  
Glamorgan County Asylum.  
Gloucester County Asylum.  
Halifax Asylum, Nova Scotia.  
Hants County Asylum.  
Lancashire County Asylum, Prestwich.  
Lincolnshire County Asylum.  
Monmouthshire Joint Counties Asylum, at Abergavenny.  
Newcastle-on-Tyne Borough Asylum.  
Norfolk County Asylum.  
North Riding Asylum.  
Northumberland County Asylum.  
Oxford County Asylum.  
Royal Asylum, Montrose.  
Salop and Montgomery County Asylum.  
Somerset County Asylum.  
Suffolk County Asylum.  
Surrey County Asylum, Wandsworth.  
Sussex County Asylum.  
Wilts County Asylum.  
Worcester County Asylum.

##### B. FIRST REPORT OF THE COMMITTEE UPON ASYLUM STATISTICS.

At the annual meeting of this Association in 1864, it was resolved "That a committee of three, viz. Dr. Robertson, Dr. Thurnam, and Dr. Maudsley, be appointed to draw up a series of tables, and a form of register which might be the basis of a uniform system of asylum statistics; that these tables be submitted to the commissioners when drawn up, and that they be asked to sanction and promulgate them." The committee thus appointed report as follows :

1. That twenty-three years ago this subject engaged the attention of the Association, and a form of register (which the committee annex to this report) was adopted at the annual meeting held at Lancaster in 1842, which contained all the information deemed necessary for the purpose of asylum statistics. This form, however, on which Dr. Thurnam in particular, bestowed much pains, never came into very general use, having been shortly afterwards, viz. in 1845, almost entirely superseded in practice by the regis-



ters of admissions, discharges, and deaths, required under the Acts of 8 and 9 Vict. c. 100 and c. 126; which were re-enacted with slight modification by the Acts of 16 and 17 Vict. c. 97, and c. 100; and which Acts are still in force.

In a very few instances, as at the Wilts County Asylum, the Association-register' in addition to those required by Act of Parliament, has been regularly kept. There can, indeed, be no doubt of the utility of this register, as affording the means for the compilation of statistics more full and extended than those which can be deduced from the legal register.

The committee are not at present prepared to recommend to the Association the printing of a second and revised edition of its register (a step which would involve a considerable outlay), unless a sufficient number of the members pledge themselves to its adoption and use.

The committee trust, however, that whenever the time may arrive for the revision and consolidation of the Acts, under which asylums, hospitals, and licensed houses are regulated, the opportunity may be taken, with the approbation and sanction of the Commissioners in Lunacy, to revise the legal registers, by the omission of a few columns which to the committee appear superfluous, and by the introduction of a few others required for the preparation of medico-statistical tables.

2. Asylum statistics may be divided into three distinct heads :

1. Medical statistics.
2. Financial statistics.
3. Domestic statistics.

The committee, while fully recognising the value of a uniform series of asylum statistics in illustration of each of these departments of asylum management, yet propose on the present occasion to confine their suggestions to the first and more important branch, viz. that of *Asylum Medical Statistics*.

3. The committee have carefully examined the various and varying tables in the several asylum reports. They are of opinion that the information more immediately necessary for medical statistics, may be given in the tables, forms of which they annex to this report.

Table I gives the number of admissions, re-admissions, discharges, and deaths, with the average numbers resident during the year; the sexes being distinguished under each head.

Table II gives the same results for the entire period the asylum has been in operation.

Table III furnishes a history of the yearly results of treatment since the opening of the asylum.

The table also embraces a column for the mean population, or average numbers resident in each year. In other columns are shown for each year the proportion of recoveries calculated on the admissions; and the mean annual mortality, or the proportion of deaths, calculated on the average numbers resident. It is of the first importance that these two principal results under asylum treatment, when given, should be calculated on a uniform plan, and according to the methods here pointed out.

Table IV gives a history of each year's admissions, how many, for example, of the patients admitted, say in 1855, have been discharged as cured, how many have died, and how many remain in the asylum in the year reported on.

The value of this table in regard to the vexed question of the increase of insanity is evident. The table is adopted from the Somerset Asylum Reports.

Table V shows the causes of death classified under appropriate heads. This form is adopted from the reports of the Commissioners in Lunacy for Scotland, with some addition and modification. It appears sufficiently detailed for statistical purposes.

Table VI gives the length of residence in the asylum of those discharged recovered, and of those who have died during the year.

The committee are of opinion that the introduction into all the asylum annual reports of the few simple tables here referred to, the compilation of which would not be very onerous—would be a most desirable proceeding, and would supply in a uniform manner the main facts required for statistical comparison. They accordingly recommend their adoption to those members of the Association by whom they have not hitherto been employed.

The tables recommended, however, are regarded by the committee only in the light of a principal instalment of those which are desirable. Their use will not, of course, preclude that of other tables, according to the views which may be entertained by the different superintendents. Hereafter it may be expedient that the committee should report as to the propriety of recommending to the members the assimilation of other tables to a common standard.

The committee annex to their report the following documents:—

1. The forms for statistical tables which they now recommend.
2. The form of register adopted by the Association in 1842.
3. Copy of a paper by C. Lockhart Robertson, M.D., on "A Uniform System of Asylum Statistics," read at the meeting of the Association, July 5th, 1860.

(Signed)

JOHN THURNAM.  
C. L. ROBERTSON.  
HENRY MAUDSLEY.

ROYAL COLLEGE OF PHYSICIANS;  
July 13th, 1865.

C. OPINION OF THE COMMISSIONERS IN LUNACY (ANNUAL REPORT, 1866),  
ON THIS FIRST REPORT OF THE COMMITTEE ON ASYLUM STATISTICS.

"The importance (observes the Commissioners) of adopting in all asylums a uniform system of statistical tables and registers has long been felt by us, and we are glad to find that the subject has recently been again under the consideration of the Medico-Psychological Association, at whose last meeting a committee to whom it had been referred submitted forms of tables which were adopted and recommended for general use. These tables, confined to medical statistics, are simple in form, and only include the main and most important facts required to constitute a basis for more elaborate and detailed information.

"The superintendents of most county asylums publish in their annual reports tables more or less elaborate, and containing a large amount of valuable information. While, however, the facts recorded may be identical in many if not most of the reports, the form in which they are recorded varies so greatly that it becomes impossible to tabulate them for the purpose of showing general results.

"In any future legislation it would no doubt be desirable, as suggested in the report alluded to, so to revise the present 'Registry of Admissions' as to include some of the more important particulars required, in order to obtain correct statistics of insanity. But in the mean time we trust that, with the view of facilitating statistical comparison, the visitors and superintendents of all institutions for the insane will not object to adopt the forms of tables recommended, which will be found in Appendix (I).

Table I gives the number of admissions, readmissions, discharges, and deaths, with the average numbers resident during the year; the sexes being distinguished under each head.

" Table II gives the same results for the entire period the asylum has been in operation.

" Table III furnishes a history of the yearly results of treatment since the opening of the asylum.

" The table also embraces a column for the mean population or average numbers resident in each year. In other columns are shown for each year the proportion of recoveries calculated on the admissions; and the mean annual mortality, or the proportion of deaths, calculated on the average numbers resident. It is of the first importance that these two principal results under asylum treatment, when given, should be calculated on a uniform plan, and according to the methods here pointed out.

" Table IV gives a history of each year's admissions; how many, for example, of the patients admitted, say in 1855, have been discharged as cured, how many have died, and how many remain in the asylum in the year reported on.

" The value of this table in regard to the vexed question of the increase of insanity is evident. The table is adopted from the Somerset Asylum Reports.

" Table V shows the causes of death classified under appropriate heads. This form is adopted from the Reports of the Commissioners in Lunacy for Scotland, with some addition and modification. It appears sufficiently detailed for statistical purposes.

" Table VI gives the length of residence in the asylum of those discharged recovered, and of those who died during the year.

" Uniformity in recording the ages of patients on admission, the duration of the existing attack, and the form of mental disorder under which they labour, is also very desirable; and it is to be hoped that the medical officers of asylums may see the great importance of coming to some agreement upon these points. How far the table of the causes of death may require modification or extension will be a matter for subsequent consideration."

## D. REVISED SERIES OF STATISTICAL TABLES.

TABLE I.—*Showing the Admissions, Re-admissions, Discharges, and Deaths, during the year 186 .*

				Male.	Female.	Total.
In Asylum, 1st January, 186	...	...	...			
	M.	F.	T.			
Admitted for the first time during the year ...						
Re-admitted during the year ...						
Total admitted ...						
Total under care during the year						
Discharged or removed :						
	M.	F.	T.			
Recovered ...						
Relieved ...						
Not improved ...						
Died ...						
Total discharged and died during the year ...						
Remaining in the Asylum, Dec. 31st, 186 (inclusive of absent on trial, males, ; females, ) ...						
Average number resident during the year ...						

TABLE II.—*Showing the Admissions, Re-admissions, and Discharges, from the Opening of the Asylum to the present date, 31st December, 186 .*

				Male.	Female.	Total.
Persons admitted during the period of years ...						
Re-admissions ...						
Total of cases admitted ...						
	M.	F.	T.			
Discharged or removed ...						
Recovered ...						
Relieved ...						
Not improved ...						
Died ...						
Total discharged and died during the years ...						
Remaining, December 31, 186 ...						
Average numbers resident during the years ...						





TABLE V.—*Showing the Causes of Death during the Year.*

Causes of Death.*	Male.	Female.	Total.
<i>Cerebral or Spinal Disease—</i>			
Apoplexy and Paralysis ... ..			
Epilepsy and Convulsions ... ..			
General Paresis ... ..			
Maniacal and Melancholic Exhaustion or Decay ...			
Inflammation and other Diseases of the Brain, Softening, Tumours, &c. ... ..			
<i>Thoracic Disease—</i>			
Inflammation of the Lungs, Pleuræ, and Bronchi			
Pulmonary Consumption ... ..			
Disease of the Heart, &c. ... ..			
<i>Abdominal Disease—</i>			
Inflammation and Ulceration of the Stomach, Intestines, or Peritoneum ... ..			
Dysentery and Diarrhœa ... ..			
Pelvic Abscess ... ..			
<i>Exanthemata</i> ... ..			
<i>Erysipelas</i> ... ..			
<i>Cancer</i> ... ..			
<i>Anæmia</i> ... ..			
<i>General Debility and Old Age</i> ... ..			
<i>Accidents.</i> ... ..			
<i>Suicide</i> ... ..			
Total ... ..			

\* This table may require modification after the Report of the College of Physicians on "Medical Nomenclature" has been published.

TABLE VI.—*Showing the Length of Residence in those discharged Recovered, and in those who have Died during the Year.*

Length of Residence.	Recovered.			Died.		
	Male.	Female.	Total.	Male.	Female.	Total.
Under 1 month ... ..						
From 1 to 3 months ... ..						
" 3 " 6 " ... ..						
" 6 " 9 " ... ..						
" 9 " 12 " ... ..						
" 1 " 2 years ... ..						
" 2 " 3 " ... ..						
" 3 " 5 " ... ..						
" 5 " 7 " ... ..						
" 7 " 10 " ... ..						
" 10 " 12 " ... ..						
Total ... ..						





TABLE VIII.—*Showing the Ages of the Admissions, Discharges, and Deaths during the Year.*

Ages.	The Admissions.			The Discharges.			The Deaths.		
				Recovered.		Removed, Relieved or Otherwise.			
				Male.	Female.				
From 5 to 10 years	...	...	...						
" 10 " 15	...	...	...						
" 15 " 20	...	...	...						
" 20 " 30	...	...	...						
" 30 " 40	...	...	...						
" 40 " 50	...	...	...						
" 50 " 60	...	...	...						
" 60 " 70	...	...	...						
" 70 " 80	...	...	...						
" 80 " 90	...	...	...						
" 90 and upwards	...	...	...						
Total	...	...	...						

TABLE IX.—*Condition as to Marriage in the Admissions, Discharges, and Deaths, during the Year.*

Condition in Reference to Marriage.	The Admissions.			The Discharges.			The Deaths.		
				Recovered.		Removed, Relieved or otherwise.			
				Male.	Female.				
Single	...	...	...						
Married	...	...	...						
Widowed	...	...	...						
Total	...	...	...						



INCOME and EXPENDITURE for the Year ending 186 .									
INCOME.					EXPENDITURE.				
	£	s.	d.			£	s.	d.	Average Weekly Cost per Patient.
From Weekly rate ... ..					From Weekly rate ... ..				
" Unions contributing ... ..					Provisions ... ..				
" County treasurer ... ..					Clothing ... ..				
" Unions non-contributing ... ..					Salaries and wages ... ..				
For private patients ... ..					House Expenses ... ..				
From Salaries, &c. ... ..					Medicine, Wine, and Spirits ... ..				
					Incidentals ... ..				
Total from Weekly rate...					Total from Weekly rate				
From County rate ... ..					From County rate ... ..				
Repairs and alterations ... ..					Repairs and alterations ... ..				
Improvements ... ..					Improvements ... ..				
Total from County rate...					Total from County rate...				
Total Income ... ..					Total expenditure ..				

AVERAGE WEEKLY EXPENDITURE for the Year for each Patient, from Weekly Rate.					
Quarters ending.				Average for the Year 186 .	
March 31st.	June 30th.	Sept. 30th.	Dec. 31st.		
s. d.	s. d.	s. d.	s. d.	s. d.	
Provisions ... ..					
House and other Expenses ... ..					
Clothing ... ..					
Salaries and Wages ... ..					
Medicine, Wine, and Spirits ... ..					
Incidentals ... ..					
Total ... ..					
Weekly Rate charged to the Unions contributing to the Asylum ... ..					
Ditto ditto not contributing do.					
Ditto ditto for Private Patients					

ABSTRACT OF CAPITAL ACCOUNT.					
Total Sums expended from the County Rate on the erection, fitting, furnishing, and enlargement of the Asylum from its commencement in	to the present time	...	...	...	£ s. d.
Total Number of Beds	...	...	...	...	...

The report of the Committee on Asylum Statistics was unanimously adopted.

*The President.*—The next point remaining in the way of business is a *Communication from Dr. Boyd*, calling our attention to the provisions of Mr. Hardy's Bill, and saying he thinks that that Bill might very reasonably be applied to the relief of the insane in the provinces as well as in London. I shall read Dr. Boyd's letters :

"SOMERSET COUNTY LUNATIC ASYLUM, WELLS ;  
July 8th, 1867.

"DEAR DR. TUKE,—Would you kindly place the resolution on the other side for me before the annual meeting of the Medico-Psychological Association on the 31st instant ?

"The resolution is in accordance with the one I had the honour of proposing at the meeting of 1865, which was agreed to. I was prevented being at the last meeting, having to go for one of my children to Germany, owing to the war.

"Yours very truly,  
"R. BOYD.

"COUNTY LUNATIC ASYLUM, WELLS, SOMERSET ;  
July 15th, 1867.

"DEAR DR. TUKE,—I very much regret that the resolution I forwarded to you some days ago was too late to be brought forward at the meeting on the 31st. I was under the impression that a fortnight's notice was sufficient.

"Mr. Hardy's Bill is, in my view, a most important one, as I am convinced that a proper provision for the poor in sickness would very materially diminish the applicants for admission to county asylums, which to a considerable extent, for want of such provision, have become workhouse infirmaries.

"Hitherto, under the contract system, official relief has not been given or generally provided for the sick poor, and it is not surprising that under such a system the asylums for the insane poor in which suitable provision is made should after a time become inconveniently crowded and their efficiency diminished.

"It appears to me that Mr. Hardy's Metropolitan Poor Law Bill, if extended to the whole kingdom, would counteract this tendency to the disproportional increase of insanity amongst the poor ; and I consider the subject so important that I shall feel greatly obliged if you will read this note to the meeting, which I exceedingly regret circumstances prevent my attending. I must beg to decline for the present the honour you so kindly proposed, and, with many thanks, remain,

"Dear Dr. Tuke,  
"Yours faithfully,  
"R. BOYD."

Resolution proposed by Dr. Boyd :

"That this Association highly approves of Mr. Hardy's Metropolitan Poor Law Bill, especially the provisions for the care of idiots and the insane in workhouses, and hopes that in the next session of Parliament the Bill may be extended to the whole kingdom, so that the idiots and insane poor may be provided for without inconveniently increasing county lunatic asylums."

I think Dr. Boyd must have misunderstood Mr. Hardy's Bill. The Bill is a specially exceptional Bill for the wants of London. It would lead to great waste of power were such similar interference with and suspension of the local self-government of the country introduced generally. As Dr. Boyd is not here, I suppose it is hardly competent for us to entertain a resolution that he sends us by post, only I could not bring this subject to your notice

without stating my dissent from Dr. Boyd's proposal. The Quarter Sessions and the Boards of Guardians are quite competent to deal with the insane and sick poor in the counties without the introduction of any third authority.

Next I wish, without further intruding on our limited time, to call your attention to a letter which I have received from Dr. Rumsey, relative to his important proposal for the institution of degrees in State medicine. I shall read Dr. Rumsey's letter, which is addressed to Dr. Williams, the Consulting Physician to the Gloucester Asylum:

" WOLSELEY HOUSE, CHELTENHAM;  
" July 3rd, 1867.

" MY DEAR DR. WILLIAMS,—On the whole, the 'Medical Times' gives the best version of my few and imperfect remarks in Council on June 7th, but even that report is very incorrect; so I send you a copy, with corrections of some *errata*, which I am sure are not due to myself.

" I shall be much obliged to you to let your son and Dr. Robertson see *this* copy.

" I am anxious to draw their attention to my suggestions of a prolonged education, to be followed by the grant of a special 'qualification' for Psychological physicians, medical jurists, experts, and sanitary officers, so that the public and the authorities might know who are the proper persons to employ for such special duties. Of course, no distinction of the kind would be necessary for those whose reputation in these departments is already made.

" I need not trouble you by recapitulating my reasons for this proposal; but I may say that when Dr. Christison argued the question against me *from the chair* (which, by-the-by, deprived me of the usual opportunity of reply), he was quite mistaken in assuming that I had any objection to *all* the medical students in Edinburgh attending his lectures on 'Medical Jurisprudence and Toxicology.' I said nothing which ought to have been so interpreted. I merely deprecated requiring more of the *ordinary* student, *as necessary to his admission into the profession*, than he could possibly accomplish; and I urged the importance of instituting a higher qualification after longer study and observation for a special class of medical students. To none would such a requirement apply more beneficially than to future psychologists.

" I hope that Dr. Robertson may see the matter *somewhat* in this light. I enclose my former paper for his acceptance.

" His recommendation would give *great weight* to the proposal. Dr. Anstie has already backed it virtually, and I am satisfied that it is gaining ground among thinking men. I mean to make another fight for it at Dublin.

" Always yours,  
" H. W. RUMSEY."

Lastly. Dr. Brushfield has kindly brought with him a *new patent night tell-tale*, as distinguished from those clocks that have been in use, and which are certainly very easily tampered with, and not of very much value. Perhaps he will kindly say a few words in explanation of the model on the table.

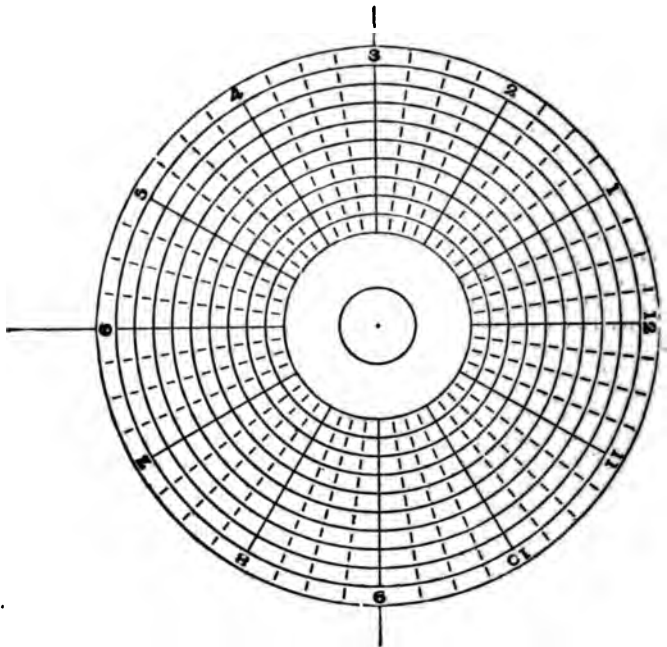
*Dr. Brushfield.*—It is impossible to overrate the great importance of an efficient system of night watching in all large asylums, whether they be of a public or a private character. This department generally causes so much anxiety to the superintendent that a good and reliable night attendant appears naturally and very properly to be looked upon as one of the most important members of the working staff of a large establishment for the insane; more especially when it is considered that the checks and supervision capable of being brought to bear upon the attendants whose duties are confined to the day are inapplicable and inoperative to those having charge of the wards during the night. The only plan of a mechanical description,

which can be devised to operate as a kind of check, is one which, in the first place, will prove the attendant to have been awake during his period of duty; and, in the second, to have visited certain portions of the building at stated hours. Any simple means of satisfactorily proving the accomplishment of these highly desirable points must do much to relieve the mind of the superintendent as to the vigilance of the night attendants. Hitherto this has been done by fixing, in places to be visited by the attendants, clocks of a peculiar construction, having a series of pegs or studs so arranged on the dial as to be capable of being raised or depressed simply by means of a cord, thus registering for a temporary period the time of the visit, but being in all other respects beyond the attendant's control. In the morning some officer has visited the clock, ascertained whether the proper number of visits have been made, according to the position and number of pegs displaced, and then resets them for the following night. Now, apart from the heavy expense of this plan, rendered necessary by a clock being required at every station to be visited, there are some other objections of a more serious character. For instance, the attendant frequently has to wait for a few minutes before he can displace the peg, owing to his visit not being well timed. Again, I have known the case of a patient who was bribed to sit by the clock and pull the cord at stated times, whilst the attendant was asleep or occupied in some other portion of the building. Moreover, the person whose task it is to inspect the clocks in the morning may not report to the superintendent any actual neglect or irregularity (or, *vice versa*, may report irregularities which have not happened), as shown by the proper pegs not having been displaced. It is therefore hardly to be wondered at that peg clocks have not been more generally employed in asylums, or that in several instances their employment has been abandoned. These objections have, however, been completely obviated by an apparatus of much more recent date, which is not only dissimilar in principle and construction to the ordinary peg clock, but possesses the great advantage of registering the visits by a process of transfer printing. It is known as Dent's portable tell-tale, and is made by Mr. Dent, the well-known chronometer maker in the Strand, who has been good enough to lend me some examples to exhibit to this meeting.

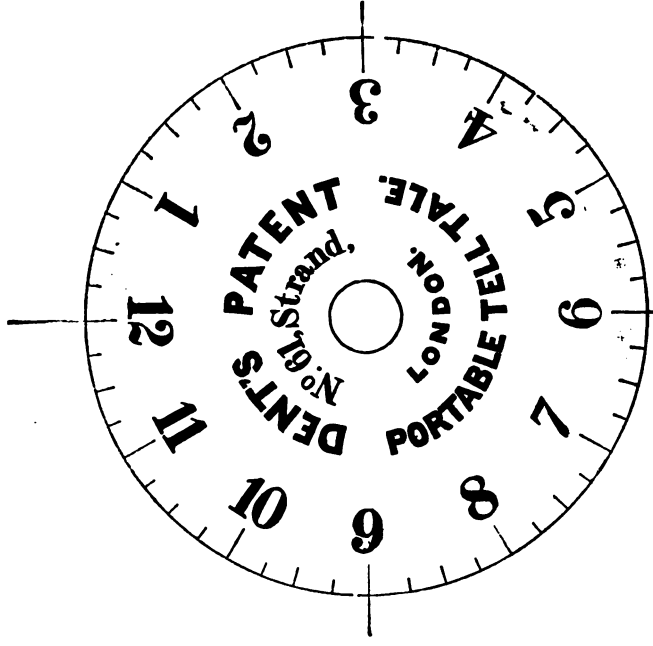
It consists of two distinct parts—(1) a small portable clock; and (2) a number of type-boxes.

The clock is a circular brass box, measuring  $3\frac{1}{2}$  inches in diameter and  $1\frac{1}{2}$  inch thick. It weighs less than  $1\frac{1}{2}$  pound, so that it is light and portable. In the front face are two openings, a small glazed circular one below showing the dial, and a narrow slit above guarded by two pieces of thin indiarubber. A leathern handle is riveted on to the back part. The clock can only be opened by means of the proper key, which is usually kept by the head attendant or some other officer. On unlocking and removing the cap, a paper dial is seen, having at its back a piece of black transfer-paper, both being secured by means of a brass nut to a watch movement, which revolves on its centre once in every twelve hours.

These paper dials are printed on both sides into divisions marking the hours and quarters; but the under side has these divisions continued to the centre, and also a number of concentric circles, the effect of which is to divide the spaces for each quarter, from the centre to the circumference, into ten squares; but, for a reason which will be presently obvious, the hours of the two sides do not correspond, six of one side being opposite twelve of the other, five to eleven, and so on. The type-box is circular in form, made of cast-iron,  $5\frac{1}{2}$  inches in diameter, and 2 inches thick; the front of it hinged as a lid, and closed by a spring lock. On opening the lid a small printer's type is seen projecting into the interior from the back part of the box. A different type is used in each box, and its position from the centre varies in



**DIAL PAPER.**  
Under side (in contact with transfer paper).



**DIAL PAPER.**  
Upper side.

each. One of these boxes is let into the wall in several portions of the building requiring to be visited. The night attendant, on making his rounds, takes his clock with him, and on arriving at a station opens the type-box, introduces the clock, presses it gently, and so registers his visit. (There are three projecting studs on its circumference, which fit into grooves sunk in the outer wall of the box, and so prevent the clock being introduced in any other way except the proper one.)



Shows the type box opened, and the clock being introduced.

In the morning the officer who has the key unlocks and removes the cap of the clock, takes off the dial paper, and substitutes a fresh one for it, having first dated it, and then forwards the former to the superintendent.

The operation of passing the clock into the type-box causes the type to enter the slit on its front face, and to leave its printed impression on the dial, through the agency of the black transfer-paper beneath it. It has been mentioned that every box contains a different type, and, as a matter of convenience, an alphabetical sequence is the most simple, so that the first station may print A, the second B, and so on. These letters are so arranged that the one at the first type-box is printed on the first square of the dial-paper nearest the circumference, the second on the second, &c.\*

These tell-tales appear to me to possess the several great advantages :—

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\* Instead of an alphabetical arrangement, a word may be used, providing it does but contain two similar letters. At the Cheshire Asylum, where four stations were required for the male and five for the female wards, I employed the word **MALE** for the former and **WOMAN** for the latter.



of being comparatively inexpensive;\* of being light and portable; of affording the attendant an opportunity of knowing the hour at any time; of any fraud on the part of the attendant being, as far as can be foreseen, almost impossible; of the attendant being able to register in a simple manner, and without serious loss of time, every visit made, no matter how frequently repeated; of the superintendent being able to receive, at first hand, a registered record of such visits, or to satisfy himself whether they have been duly made during his temporary absence.

Now, although strongly advocating the use of these tell-tales, I do not for a moment venture to affirm that an attendant has satisfactorily performed his duties because his dial-papers prove him to have made the prescribed number of visits. There should be other corroborative proofs, positive and negative, that whilst having actually visited the wards he has paid personal attention to the patients, such as the absence of complaints of neglect, threats, or ill-treatment; the absence of "unaccountable" bruises; the attention to the sick; the proportion of wet and dirty beds, &c. &c. But the very knowledge that the times of his visits are registered is a powerful inducement for him to make his rounds regularly. It is a matter of high importance for the superintendent to feel assured that an alarming escape of gas, an outbreak of fire, or other equally pressing emergency, is more likely to be discovered much earlier than in the absence of the employment of such a check; and, if no other advantage accrued from it, this would be reason enough for its adoption. Take another example: in a long dormitory containing several of the most suicidal patients, a type-box may be so placed that the attendant must traverse the whole line of beds to arrive at it. Under such a system of periodic visitation is not an instance of self-destruction during the night less likely to happen? Again, on the occurrence of a homicide, suicide, death from epilepsy, &c., during the same period, the attendant would be able to prove (which he scarcely could under any other plan) the actual time he was in or near that particular ward where the occurrence took place—a matter of the highest importance to himself, and of great moment in any inquiry before the coroner, the committee of visitors, or the Commissioners in Lunacy.

I have practically found their employment to be an invaluable adjunct in carrying out an efficient system of night-watching, and in this opinion I am borne out by the experience of several superintendents of other county asylums, among whom I may mention Dr. Christie, of North Riding, and Dr. Bayley, of Northampton. They were introduced at my request into the Cheshire Asylum, in October, 1865, and continue in regular use there.

In thus bringing under your notice a simple, ingenious, and comparatively inexpensive invention, I have acted on the principle that everything which tends practically to facilitate the anxious and onerous duties of asylum

\* The following details of the cost are given by Mr. Dent:—

*Comparative Cost of Tell-Tale for 20 Stations.*

				£	s.	d.
By the present system:—						
20 Peg Clocks at £6	...	...	...	120	0	0
By Dent's Portable Tell-Tale:—						
1 Watch Movement	...	...	£6	0	0	
20 Type Boxes at 15s.	...	...	15	0	0	
1 Box of Dials	...	...	0	10	0	
1 Leather Pouch and Belt	...	...	0	10	0	
				<hr/>		
					22	0 0
Difference				£98	0	0

superintendents is worthy of being brought under the notice of the members of this Association.

*Dr. Christie.*—I may say I have had this clock in use, and find it exceedingly efficient and cheap. The clock costs £6 and each box 15s., consequently you can adapt it to any institution you like at a comparatively small cost. I calculate that by introducing this I saved our committee at least £100.

*The President.*—I have one or two notices about alterations of rules at the next annual meeting—those dreadful rules,—and Dr. Belgrave has further given an additional notice that it be taken into consideration whether more frequent meetings for the perusal and discussion of papers should not be held in London, which notice is seconded by Dr. Rys Williams.

*Dr. Maudsley.*—I will take the opportunity of adding another motion for next year—a motion for making the President eligible, at the end of his year of office, for re-election, at any rate for another year.

*Dr. Tuke.*—I have given notice for that this morning. Will you second it?

*Dr. Maudsley.*—If you have given notice of it, I will second it.

*Dr. Christie.*—Before separating, I think we are bound to pass a vote of thanks to our President for his conduct in the chair, and for the very able manner in which he has conducted the meeting.

*Dr. Maudsley* seconded the motion, which was carried unanimously.

*Dr. Tuke.*—I am sure we shall offer our unanimous thanks to the President and Fellows of the College for their kind permission to meet here to-day, most graciously given to us by Sir Thomas Watson and the Fellows some five years ago, and which has since been continued. I beg to move a vote of thanks to the Fellows and President of the college.

*Dr. Langdon Down.*—I will second that.

Carried unanimously.

*The President.*—Nothing has done the Association more good in the opinion of the profession than having the use of this College. It has raised our standing very much, and I am sure we owe the College our grateful thanks for their continued courtesy.

The proceedings then terminated.

### *Annual Dinner of the Medico-Psychological Association.*

THE annual dinner was held in the evening at Willis's Rooms, Dr. Lockhart Robertson, President, in the chair. There was a large attendance of members, including several honorary members, Dr. Bucknill, Dr. Tweedie, &c. Among the guests present were Dr. George Johnson; Dr. Radcliffe; Dr. Brewer; Rev. Henry Hawkins, M.A.; T. W. Nunn, Esq.; Edwin Sercombe, Esq.; Dr. Hoskins; Dr. L. C. Williams; Ernest Hart, Esq.; Dr. Markham; Dr. J. G. Glover; Dr. Pitman; Spencer Smythe, Esq.; Dr. Westphall (Berlin); Dr. Sieveking, &c. &c. &c.

The dinner was well served and of good quality.

*Session extraordinary of the Medico-Psychological Society of Paris,  
held August, 1867, under the presidency of M. Paul Janet,  
Member of the Institute of France.*

THE first meeting was held on August 10th, 1867. The President delivered an able address, of which the following is an abstract.

The reception within its bosom of so many eminent physicians, the distinguished representatives of mental medicine in the several countries of Europe, is an event that affords the highest pleasure to the Medico-Psychological Society, and is one also of which it may well feel proud. We hope this meeting may not be in vain, but that the social intercourse and business of this day may in future give rise to more intimate and more frequent association between our own and foreign learned societies, and between ourselves and those students and practitioners who here honour us with their presence. And further, may the progress of industry and science bring about the reunion of all peoples in one common brotherhood.

Yet it happens that notwithstanding the pacific character of industrial art, a certain degree of rivalry of interests will be felt among men. Not so, however, in the case of science, which knows no other rivalry than that generous emulation in the arduous pursuit which makes the student unwilling to be outstripped in the search after truth. A noble jealousy, that without creating heart-burning and hate, ever provokes its subjects to further progress. . . . Truth is too wide and too profound to be made the subject of exclusive theories. No formula can be invented to embrace it in its totality. Hence these large *concours* open to free investigation on all scientific subjects throughout the world, where all may resort and bring with them their opinions, their reflections and their conclusions. Hence also those periodical reunions characteristic of the various learned societies, and likewise those rarer gatherings on a grander and international scale, known as congresses. So ambitious a title as this last it is not our wish to apply to the family reunion here present; but by whatever name it be designated it welcomes with pleasure all those who honour it with their presence, and we bid them accept in the same cordial manner we would render it, our modest hospitality.\*

M. Lunier (inspector-general of asylums) rose to make a proposition relative to the statistics of the insane. He remarked how great confusion and error in medicine, and in administration, result from the absence of a uniform system of statistics in all places. An immense advantage would accrue from the preparation of such a system, which might be generally adopted. We are constantly in the habit of referring to statistical papers for assistance in the study of questions resting upon such facts, and it is a matter of the deepest regret that no international uniform system of statistics for Europe at large is in existence. This regret is felt as much by physicians in other countries as by our own countrymen. I therefore propose the nomination forthwith of a commission to proceed at once to the preparation of a scheme of statistics.

This proposition was accepted, and a commission formed of the following gentlemen:

Messrs. Roller and Griesinger for Germany; Bucknill and H. Tuke for England; Borrel for Switzerland; Pujadas for Spain; Lambroso for Italy; and

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\* The foreign psychological physicians present were Drs. Griesinger, Roller, Harrington Tuke, Pujadas, Sibbald, Borrel, Cramer, Fitcherine, Berling, J. Mastay Artigat, Mundy.

Lunier, Jules Falret, and Brierre de Boismont for France. M. Motet to be general secretary to the commission.

M. le Baron Mundy next addressed the meeting on the subject of the public provision for the insane. He confined himself exclusively to the financial aspect of the question. He remarked that in France considerable sums were expended in the construction of new asylums which would be much more profitably employed in the inauguration of another system, that namely flourishing at Gheel, where so many "free labourers" were found collected together.

M. Lunier replied that the proportion of such labourers at Gheel is far from equalling that to be found in the best class of asylums of France.

MM. Brierre de Boismont, Moreau de Tours, Pujadas, and Mundy took part in the discussion of this question.

M. Lunier afterwards commenced the reading of an essay on the comparative legislation for lunatics in various countries, and particularly on voluntary seclusion.

The meeting broke up at 6 o'clock p.m.

#### SECOND MEETING, August 12th.

Present: Messieurs Roller, Griesinger, Tuke, Pujadas, Kramer, Lambroso, Fisterline, Sibbald, Cortyll, Jo. Masti y Artigas, together with a large number of corresponding members of the Society.

M. Griesinger opened the discussion by some observations on the question of instruction in mental medicine. In his opinion the separation of psychological medicine as a distinct subject from that of other maladies of the nervous system, is uncalled for. He has obtained the sanction of his government to unite with the service of mental maladies one for nervous disorders, and thereby considers that an immense advantage is secured both to the pupils and the teacher, inasmuch as it is possible to observe the phases of transition between nervous and mental derangement. In this "service" all the affections of the nervous centres are collected, and those mixed forms are encountered which are not referable to insanity though they may constitute its groundwork. Nothing of the like kind exists in any other country, and in M. Griesinger's experience no prejudicial consequences to the insane have ever resulted from clinical instruction in asylums.

M. Lunier expressed his approval of such a clinical service, but stated that it would be impossible to institute the like in France; for the law intervened to prevent the removal of a patient suffering from a nervous malady to an asylum.

M. Moreau de Tours remarked that a scheme somewhat analogous existed at the Salpêtrière. The "service" of the hysteric, of the hystero-epileptic, and of the epileptic is separated from the "service" of the insane, but when epileptics are attacked with mania, and are dangerous, they are removed to the department for the insane. M. Griesinger's plan is excellent, but in France it would be encompassed by enormous difficulties.

M. Griesinger replied that the difficulties apprehended were not found at Berlin. The service worked without any embarrassment. Only a moderate number of patients is required for clinical instruction. I have one hundred patients, and find this number ample. The arrangement at the Salpêtrière is inadequate; something more is needed to adapt it to the scientific requirements of the age.

M. Delasiauve.—The service alluded to is not constituted upon the plan proposed by M. Griesinger. We have not these examples of nervous disorders in general, but only cases of hysteria and epilepsy.

M. Lasèque.—Since I have been called upon to give a course on insanity at the Faculty at Paris, I have adopted a mixed plan. I have received some cases of lunacy in my wards. I have been compelled to admit only quiet cases, and

consequently the scheme is incomplete; but restricted as we are by laws and rules, it cannot be otherwise. The institution of a small asylum in the immediate contiguity of an hospital does not appear to us as likely to be attended by good results. The proposition of M. Griesinger is a most interesting one; it is of undoubted advantage, both to teacher and taught, to have affections brought together which have so many points of contact, but we are unfortunately so placed that we cannot copy the institution recommended.

M. Griesinger in conclusion replied that he had not a discussion in view in reading his paper, his purpose being simply to state what he had done, and to discover that his plan was approved in the interests of science.

M. Lambroso, of Pavia, communicated a series of meteorological observations, from which the conclusion seemed to follow that variations in atmospheric pressure exerted a marked influence on the number and violence of the convulsive seizures of epileptics and of the paroxysms of excitement of maniacal patients. The influence, moreover, of ozone and electricity, and of the wind, is much marked, and that of the moon even more so, for the greatest number of paroxysms and fits correspond with a new moon.

The *séance* terminated after an address by M. Morel, who proposed a vote of cordial welcome to the distinguished strangers who had honoured the invitation of the Society.

A banquet followed after the close of this *séance*, at which toasts were proposed by MM. Janet, Briere de Boismont, Griesinger, Morel, Lasèque, Harrington Tuke, Pujadar, Delasiauve, Cérise, Motet, and Linas.

The following *séance* took place on August 14th, under the presidency of M. Briere de Boismont. The same foreign physicians, with the addition of Dr. Bucknill, and M. Bachel, of Venice.

M. Lunier completed the reading of his essay on comparative legislation.

He also announced that the labours of the commission appointed to prepare a general scheme of statistics, applicable to all countries, had so far advanced that it would be possible to forward a copy of proceedings to all the members, so that such observations as might at the time have escaped unheeded might be brought forward, and a general agreement on all points be thus attained. The tables forwarded will, after their revision, be returned to Paris and definitely adopted.

M. Borrel presented plans of a pavilion suited for four patients and the residence of an assistant physician, as carried out at the asylum of Trefargier, in the Canton of Neuchâtel, Switzerland.

M. Berstrier read a paper on the basis of a new general scheme of statistics, to which M. Lunier replied.

M. Briere de Boismont next addressed the meeting to the following effect: It was my purpose to address you on our intervention in judicial matters, but I do not desire to inflict upon you a collection of all the facts I have had under my notice during a career of considerable length. All, however, that I can now say is, that we are called upon to render important services both to families and to magistrates; the knowledge acquired by us respecting mental disorder makes us competent to give our advice and opinion in this delicate question.

At the termination of the day's proceedings Dr. Tuke asked permission to address a few words to the Society:

Mr. President and Gentlemen,—I can but imperfectly speak your language, but I cannot refrain, before we separate, making an attempt to express my feelings of gratitude to you, Mr. President and gentlemen, whom I have the honour of regarding as my confrères and fellow-workers. I thank you sincerely for the hospitality you have shown to us foreign visitors in so cordial a manner. On my part I should be happy to give you as hearty a reception in London as that which we have here received from you.

*The Asylum Cottage at the Paris Exhibition.*

ONE of the most interesting objects which is to be seen at the great show on the Champ de Mars, and one which must possess peculiar attractions to members of our profession, is the beautiful little cottage which is exhibited by Baron Mundy. It is situated in a prominent part of the Austrian section of the space external to the great building. The various gables with their overhanging eaves give a comfortable homelike aspect to the cottage, which is enhanced by the pretty little garden-plot in front. On the walls of the two principal apartments are displayed large plans and drawings illustrating the system of colonisation which Baron Mundy specially advocates.

According to his idea of a model asylum, the majority of the patients should be accommodated in groups of five in the houses of married attendants, and each group of five such cottages should be under the supervision of a head attendant. A coloured drawing, which is hung on one of the walls, represents the arrangement of buildings for an asylum to accommodate 300 patients. One half would be provided for in a central hospital, and the other half would reside in the cottages. In the centre are situated the hospital, the buildings connected with general superintendence, the chapel, and the residence of the medical superintendent, which is intended also to accommodate forty higher class patients. The surrounding space is occupied by the cottages and their several patches of farm or garden. There are also residences for their assistant medical officers, who, like the medical superintendent, are expected to receive private patients, though in much smaller number. The extra mural portion of the colony would thus consist of thirty ordinary cottages, each containing an attendant, his family, and five patients; six cottages for head attendants, in which patients would only be temporarily accommodated, the usual village workshops and stores, and the residences of three medical men. The quantity of land which is proposed as sufficient for the requirements of the system is 100 hectares; and Baron Mundy estimates that the average price of suitable land would be about 2000 francs the hectare, or £8000 for the whole, and that 1,000,000 francs, or £40,000 would cover the expense of everything. The original expense per head would thus be about £133. The expense of management would, however, according to the Baron's estimate, be a very slight burden upon the public.

The model cottage which is exhibited illustrates what is proposed as the residence of a head attendant. It consists of two parts, one in which the family of the attendant would reside, and consisting of a parlour, bedroom, and kitchen, the other would be kept for patients, and consists of bedroom, bathroom, and padded room. It is probable that the latter half of the house would only be occasionally inhabited, as it would be chiefly used as a temporary abode for new cases, where they might be watched prior to removal to their more permanent home. It would also be useful on occasions where more than ordinary difficulty might be experienced in treating any case in a neighbouring cottage.

The rooms of the cottage are furnished in the manner of south Germany, and are models of neatness. The walls are covered with plans and drawings illustrative of Baron Mundy's views. Among others a large map of the commune of Gheel may afford useful information to many visitors. The space which is not occupied by maps and drawings is devoted to quotations from sixteen different authors who have written about the colonisation of the insane, or on subjects bearing upon their treatment. The following may be taken as examples:

"The reform gloriously begun by Pinel is still incomplete, in so far as sequestration oversteps the necessary requirements of public security. The insane person is not really treated as a patient; he remains a prisoner suffering from disease."—JULES DUVAL, *Gheel*.

"The system to be employed in future in the treatment of the insane is incontestably the family system."—PROFESSOR GRIESINGER.

"I say, and I repeat what I said fifteen years ago, there is no asylum which is worth a good colony, and there is no country in which the insane may not be colonised."—M. MOREAU DE TOURS.

We have much pleasure in noticing this contribution to philanthropy; for, whatever may be the differences of opinion among us as to the best mode of providing for the insane, none can help admiring the disinterested devotion which has prompted Baron Mundy to spend so much time, money, and labour, in advocating what he believes to be for the good of the insane.

### *An Unlicensed Asylum at Aldringham.*

(*Suffolk Summer Assizes, 1867.*)

FREDERICK WILLIS HONE MILBURN was charged with having received James Alexander Barnes and boarded and lodged him as a lunatic at his house, at Aldringham, without having the necessary licence authorising him to do so.

Mr. O'Malley and Mr. Metcalfe appeared for the prosecution; Mr. Milburn was defended by Mr. Naylor, instructed by Mr. H. K. Moseley.

Mr. O'Malley, in opening the case, said the prosecution was instituted by the Commissioners in Lunacy. In former times there were facilities for shutting people up in asylums, and they could be kept shut up; but the law now provided that people of unsound mind should be kept in places to which the Commissioners in Lunacy should always have access, in order that they might, by periodical visits, satisfy themselves that the patient was a fit person to be an inmate of a lunatic asylum. It was of the utmost importance that a lunatic should be kept in a place where others besides the private medical man, who might be consulted by the parties who sent the lunatic, could see

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\* In his charge to the grand jury the Lord Chief Justice made the following observations on this case:—

"There is one more case of considerable importance, and that is the case of Mr. Milburn, who is indicted for receiving a lunatic not having complied with the Act. You are aware that the law is stringent on this point, and that there are Acts of Parliament which make it penal to receive a person who is a lunatic into any hospital, or any place not licensed, or without a certificate of a medical man certifying that the patient is insane, such law being necessary for the protection of those who are lunatics, and also for those who are not; in order that those who are not lunatics may not be subjected to duress. It is also necessary in order that those persons who have the misfortune to be insane may have all the protection given them which in point of law the legislature has wisely provided for them; therefore, if it should be proved to your satisfaction that the defendant has received a patient without complying with the Act of Parliament, it will be your duty to send up the bill. It may turn out that the party has been properly treated, but even in that case it will be your duty to find a true bill; for this law provides that certain requisitions shall be satisfied and certain formalities complied with as conditions precedent to the admission of any person into a lunatic asylum, and therefore if it turns out that this man was received without certificates, and into a place not licensed as the law requires, the keeper of the house will be liable to the penalties of the law upon the facts being proved."

him in order that they might from time to time ascertain not only what was the treatment he experienced, but also how far the state of his mind justified the use of restraint. It was, of all things, a question of importance with reference to property. Under the old system, a man might be shut up without any one having the power to examine him. It might, and it did, occur that a man would be shut up in a lunatic asylum and restrained or coerced in the exercise of all his rights with regard to his property, for the purpose of being kept out of the way, and kept from receiving his property. No one in such cases was aware that such a man was a lunatic, and yet his rights were all invalidated by reason of his supposed lunacy. These evils were of the greatest and the most crying character, and by a series of Acts of Parliament it was provided, he thought he might say as far as human foresight could provide, that the medical and domestic care of lunatics should be of a proper character. Means were taken for giving people access to lunatics, and the Commissioners were charged with the protection of the lunatics, and their duty was to see how they were treated from time to time in order to guard against the evils to which he had alluded. Certain things were necessary before lunatics could be confined. If more than one patient was confined in a place a licence from the Commissioners or from the magistrates was required, but where only a single lunatic was confined the licence was dispensed with; but it was provided by 8 & 9 Vic., c. 100, sec. 90, that no person, unless he be a person who derived no profit from the charge, should receive, or board, or lodge in a house other than an hospital registered under that Act, or take charge or care of any patient or lunatic, or alleged lunatic, without a similar order to that which was required for a regular asylum or licensed house; and every person who might receive such a person was required, within seven days, to transmit to the Secretary to the Commissioners in Lunacy a true and perfect copy of the order and medical certificates on which the patient had been received, and every person not complying with the terms of this Act was to be guilty of a misdemeanor. The learned counsel then quoted the remaining portions of the Acts relating to the detention of lunatics, and said he must say, although he was reluctant to say anything harsh of a man in the predicament of the defendant, that the case was one of a very aggravated character. Here was a man who called himself—he said called himself, for they had no knowledge whatever of the fact—a medical man, but he signed himself M.D. in his communications, and who stated that he had been engaged in the same business for some years. They did not know what was his history in that respect. But in the year 1860 he was living in London, and at that time the Rev. James Barnes—a brother of a gentleman they all knew, one of the partners of the firm of Lyon, Barnes & Co.—a man of considerable attainments, a fellow of Trinity College, Cambridge, unfortunately became insane, and negotiations took place between Mr. Barnes (the brother of the Rev. James Barnes) and his wife and the defendant (Mr. Milburn), for the reception of the patient, and he would read two or three of the letters which passed between the parties, because they at once established the greater part of the case against the defendant. These letters proved that Mr. Milburn received Mr. Barnes as a lunatic, that he took charge of him as a lunatic, that he did this for hire; for the letter acknowledged the receipt of moneys equivalent to somewhere about £500 a year. The letters also proved incontestably that the defendant had knowledge that he was doing that which was contrary to the law; and the other parts of the case would be supplied by the testimony of witnesses which he would call. Shortly after these letters had passed, the patient was brought down and put under the care of Mr. Milburn, who had removed to Aldringham, in this county, a very remote and lonely place, and there for several years Mr. Barnes had continued under the care of Mr. Milburn; and some



short time ago the attention of the Commissioners was called to the fact, and they found Mr. Milburn, a gentleman of education and experience in such cases, and one who must have had a knowledge of the unlawfulness of what he had been doing, and that it was a complete violation of the law; and the Commissioners, in the discharge of their duty, brought him there to be tried by his Lordship and a jury. Mr. O'Malley then read a series of letters, the first dated April 17th, 1860, in which Mr. Milburn said, "In respect to your advertisement in this day's 'Times,' I beg to submit the following remarks to your notice. I have practised as a physician, exclusively in mental diseases, for twenty years, and during some period of that time I was connected with the management of a public institution. I should receive a single patient in my family—for I have now ceased to practise generally—and will confine my attention to one resident patient. The gentleman at present with me is about to resume the control of his own affairs, after many years of personal restraint." That letter showed that the defendant had for a great many years had another patient, under similar circumstances to those under which he had taken Mr. Barnes under his care, and that he was receiving Mr. Barnes as a lunatic, because he referred to the friends of persons who been under his care. Mr. O'Malley then read a letter, dated May 21st, in which Mr. Milburn stated that the terms under which he had received and treated his last patient were £400 a year, and that he had told the brother of his correspondent, Mrs. Barnes, the wife of the patient, that he hoped £500 a year would not be deemed more than sufficient, but that he was willing to leave the matter in his (Mr. Keith Barnes's) hands. Another letter, dated June 18th, 1860, was also read, as follows: "Dear Sir—I have been almost daily expecting the performance of your promise to write me a letter of indemnity for the possible consequences of detaining the Rev. J. C. Barnes, and such a one also as I might show when it might be necessary to restrain him, should he succeed in his constant endeavours to leave us." By the provisions of the Act of Parliament, which seemed to have been present to Mr. Milburn's mind, an indemnity was provided for this very case. Sec. 90 provided that where proper certificates were given, and the proper preliminary course taken, a complete indemnity was furnished, not only for receiving the patient, but also an authority to re-arrest him, and a justification for re-taking him in case he escaped. The provisions of the 99th sec. were, in fact, exactly what the defendant required in the letter. He would request his learned friend, Mr. Naylor, to furnish him with a letter written on the 5th of June. [The letter was handed in, and read by Mr. O'Malley. It was a formal request by Mr. Keith Barnes that Mr. Milburn should take charge of his brother, the Rev. James Alexander Barnes, who was a person of unsound mind.]

*Mr. Naylor* said the words in the original letter were "mental imbecility."

*Mr. O'Malley* said that made no difference; for, by the construction of the Act, imbecile persons were considered as lunatics. Mr. O'Malley then quoted the remaining portion of the letter, stating that Mr. Barnes was generally conscious of his own incapacity to take care of himself, and he (the writer) had no reason to believe that he would attempt to leave Mr. Milburn's house; and that, if he should do so, that letter might be shown as an authority for restraining him; and if the patient should become insane, the same end would be accomplished by the usual medical certificate. This letter the learned counsel said made the case much worse than it had appeared at first; for that letter, which seemed like a guarantee to Mr. Milburn, was not sufficient, and he asked for something more in the letter, which was read previously. No one could read those letters without knowing that Mr. Milburn was, with his eyes open, violating those laws which had been established for the protection of lunatics. He would put in another letter,

dated January 18th, 1865, which would prove not only that Mr. Milburn did receive the patient as a lunatic, but also that he did acknowledge his liability. The letter was directed to Mr. Keith Barnes, and one paragraph was as follows: "In further reference to the purchase of furniture for Mr. Barnes, it may be as well to observe that it would relieve me of some anxiety in respect to the possibility of my being troubled for not having Mr. Barnes under certificate of the Commissioners in Lunacy; for a person, however insane, may legally, under proper guardianship, remain in his own house." The words "own house" were underlined, and that pointed out that it was intended for Mr. Barnes to become the owner of the house, and that Mr. Milburn was to take charge of him in his own house, and that for the expressed object of defeating the provisions for the protection of lunatics. Mr. O'Malley then indicated the evidence he was about to call in support of his opening. The Clerk from the office of the Clerk of the Peace for the County would prove that no licence had been granted to the house, and the Clerk to the Commissioners in Lunacy would prove that no certificate had been taken there, and the inference would be that none had been obtained, as by law he was bound to produce to the Commissioners any certificate. He would also call a medical man who had seen Mr. Barnes to prove that he was undoubtedly insane. The following evidence was then called:

*Mr. John D. Cleaton* said—I am one of the Commissioners of Lunacy. In consequence of a communication which I received, I visited Aldringham House in July. Mr. Lutwidge, another Commissioner, also went with me. We called to our assistance Mr. Freeman, a medical gentleman from Saxmundham. Almost the first person we saw was Mr. Barnes himself. The door was open, and there was no servant about, and Mr. Barnes came down stairs. He appeared to be between 60 or 70 years of age, and rather infirm. He appeared reluctant to enter into conversation in the house, and begged us to go into the garden. We had a long conversation with him in the arbour in the garden. From the conversation I inferred that he was in a most distressing state of insanity, most unhappy, and labouring under various delusions.

Cross-examined.—I believe Mr. Barnes had been out for a drive. I did not ascertain that a little girl, Mr. Milburn's daughter, had driven him out. We have no reason to believe that Mr. Barnes was other than well treated. I believe the communication did not come from any of Mr. Barnes's family. I cannot say from whom it did come. I received my orders from the Board. Mr. Lutwidge had seen Mr. Barnes before; they were old college friends. I did not hear any remark made by Mr. Lutwidge to the effect that he was especially satisfied with Mr. Barnes's appearance.

*Mr. Naylor*.—Was there not a groom and carriage kept for Mr. Barnes?

*Witness*.—I don't know.

*His Lordship* said there was no question raised as to the treatment of the patient; and, however well he might have been treated, the offence of keeping him there was just the same.

*Mr. O'Malley*.—Do you think that gentleman was in a state to transact business?

*Witness*.—Certainly not.

*Mr. Alfred Barnes*, nephew of the patient, was next called, and said: Within three or four years I have got my uncle to sign deeds. I have not been there since 1864. I used to visit him frequently at Mr. Milburn's.

*His Lordship*.—Signing deeds has nothing at all to do with the case. When did you last see him do this?

*Witness*.—I do not know.

Do you think he has been insane since 1858?—He was restless and excitable.

*Cross-examined.*—I always stayed a night or two when I came down. I may have taken deeds for him to sign more than twice, but I cannot exactly say how many times. My uncle was living in the greatest comfort, and treated as a gentleman ought to be. Mrs. Barnes, his wife, frequently visited him, and stayed with him, and her letters were full of expressions of thankfulness at his treatment.

*Re-examined.*—I believe £500 a year was paid at first, and after that it was increased to £600, besides clothes.

*Mr. Freeman*, surgeon, Saxmundham, said, I saw Mr. Barnes at Aldringham, and I am of opinion that he was insane. I had been at the house previous to the visit with the Commissioners. The first time I saw Mr. Barnes was about 1861. He was insane then. I cannot say how many times I have seen him since.

Mr. Albert Barnes was recalled to prove that the letter of the 17th of April had been taken from his uncle, Mr. Keith Barnes's papers, that letter not having any marks upon it to show that it had been addressed to that gentleman.

The letters which had passed between the defendant and different members of Mr. Barnes's family were formally and fully read by the clerk. They were substantially the same as quoted by Mr. O'Malley in his opening, but there were a few particulars relating to the family and position of the defendant which had not been read.

*His Lordship* asked if the Act of Parliament gave any authority to a person to act under such a letter of indemnity as had been spoken of in the correspondence.

*Mr. O'Malley.*—No, my Lord; the 90th section provides that very indemnity.

John Goldsmith, from the office of the Clerk of the Peace for Suffolk, was called to prove that no licence had been granted to Mr. Milburn by the magistrates.

Thomas Martin, Chief Clerk to the Commissioners of Lunacy, also proved that no order or certificate had been received at the office in respect of the Rev. Mr. Barnes.

*Mr. O'Malley* called the attention of his Lordship to sec. 90 of the Act 17 and 18 Vic., the schedules of which required the same certificates in the case of a person who resided in a private house, as required by the Act of Parliament for persons residing in asylums. With respect to the proofs of the insanity of Mr. Barnes, the interpretation section said that a lunatic should mean every insane person, lunatic, imbecile, or idiot, or person of unsound mind. The letters which had been read, especially that one endeavouring to get the guarantee, clearly showed that the defendant knew that the law regarded the patient as a lunatic. This case furnished a striking instance of the dangers from which the law intended that persons of unsound mind should be protected. Here they had the counsel for the defendant himself, bringing forward the fact that the patient had transacted business, and signed deeds, for the purpose of proving that he was not insane.

*Mr. Naylor* said the terms of the Act were against receiving any lunatic, or person of unsound mind, and that at the time Mr. Barnes was received by Mr. Milburn there was nothing to show that he was insane.

*His Lordship.*—There is the evidence of the letter in reply to the advertisement in 1860, and there is a letter written in June the same year, saying that he was in daily expectation of an indemnity against the possible consequences of detaining Mr. Barnes.

*Mr. Naylor* called his Lordship's attention to the passages in the letter speaking of the patient's mental imbecility, and saying that he had a general sense of his inability to take care of himself. There was no doubt that Mr.

Barnes's friends anticipated that he might become a lunatic; but there were no expressions in the letters to show that he was a lunatic then.

*His Lordship.*—We have evidence that he was a lunatic in 1861. And in the answer to the advertisement in the 'Times' the defendant himself treats the case as one of lunacy, and not merely of incapacity.

*Mr. Naylor.*—Mr. Keith Barnes does not treat it in his letter as a case of lunacy.

*His Lordship.*—He was in a state of mental imbecility.

*Mr. Naylor.*—His age would account for that.

*His Lordship.*—He was between fifty and sixty years of age, I believe. I hope that will not be the fate of all of us at that age. (Laughter.)

*Mr. Naylor* said that his instructions were to have the case gone into, and also to put forward that the patient had been well treated.

*His Lordship.*—It is not suggested that this unfortunate gentleman has not been treated with every kindness by Mr. Milburn; but still there is the law, and it must be respected, and what has been brought out shows not only that the law has been violated, but violated by Mr. Milburn with perfect knowledge of what he was doing.

*Mr. Naylor* said his Lordship took a hard view of the matter. Mr. Milburn regarded it as a case of mental imbecility.

*His Lordship.*—But he asked for an indemnity against the consequences of taking Mr. Barnes.

*Mr. Naylor* called his Lordship's attention to an expression in a letter from Mr. Keith Barnes, "if necessary you shall be supplied with a certificate." The subsequent letter of Mr. Milburn seemed to have been an application for a certificate. After Mr. Milburn found that the patient was a lunatic he tried to get a certificate.

*His Lordship.*—He did not get it, and yet he goes on to treat him as a lunatic.

*Mr. Naylor* submitted that Mr. Milburn had all along seemed to treat him as one who was not a lunatic.

*His Lordship.*—Mr. Keith Barnes put him into the hands of this gentleman, and there is no doubt that he was a lunatic. Mr. Freeman saw him frequently.

*Mr. Naylor* said after his Lordship's communication he did not think it would be of any use to address the jury.

*His Lordship.*—If you do I shall certainly direct them as to their verdict.

*Mr. Naylor* said he should advise the defendant to withdraw his plea and throw himself upon his Lordship's consideration.

*Mr. O'Malley* said the proceedings had merely been undertaken in vindication of the law. This case had gone on for five years, and there might be many others for all the Commissioners knew. Their object, of course, was to prevent the repetition of such offences.

*Mr. Naylor.*—Your Lordship will also remember that the family of Mr. Barnes has taken no part in this.

*Mr. O'Malley.*—The duty of the Commissioners is to protect men from their families as well as against the keepers.

*His Lordship* said there was no question about the lunacy, and there was no doubt that the family did place Mr. Barnes with Mr. Milburn with a view to his being taken care of. Mr. Milburn had not taken care to comply with the proper restrictions, and he (the learned Judge) must pass such a sentence as would have effect of deterring anybody else from violating that which, taken on the whole, was a most salutary provision, and one which must be enforced. The jury must find a verdict of guilty. The letters which had been read showed plainly that the unfortunate gentleman was received as a lunatic, and therefore he needed the certificates that the law

requires. These things were for the protection of those who were not lunatics at all—persons who might be imbecile to a certain extent—to prevent their being shut up from sinister or unworthy motives. Such things had been done, and the laws now put in force had been enacted to prevent them. He trusted they would continue to have the desired salutary effect. The jury would, therefore, say that the defendant was guilty of detaining Mr. Barnes without being properly and legally qualified to do so.

The jury immediately returned a verdict of guilty.

*His Lordship*, in sentencing the prisoner, said, he must pass such a sentence as would meet the justice of the case; no doubt Mr. Milburn had violated the provisions of the statutes, which he (the learned Judge) considered essential for the protection of lunatics, as well as to prevent such persons as were only in a partial state of mental aberration being treated as lunatics. The family of the patient appeared satisfied with the care and attention which he had received, still he (the defendant) had broken the law. He did not think it necessary to pass a sentence of imprisonment, but such a fine as would be sufficient to teach him and everybody else that the laws must be respected. The sentence was that the defendant pay a fine of £100 to the Queen, and that he be imprisoned till such fine be paid. *His Lordship* immediately added that he had no wish to subject Mr. Milburn to imprisonment if he was not prepared at the moment to pay the fine. If he would enter into recognizances to pay it the next day, or before the Court rose, it would be sufficient.

*Mr. Naylor* asked to have three days allowed.

*His Lordship*.—I hope to have finished to-morrow; but I will allow such time as it may take my learned brother to finish the case in the other court.

[On Wednesday morning *his Lordship* had the defendant called, and also the learned Counsel for the prosecution, and said, upon reconsidering the matter, he had resolved to fine Mr. Milburn £50, and require him to enter into recognizances not to repeat the offence. The recognizances were fixed at £300.]—*Ipswich Journal*, August 17th, 1867.

### *Statistics of Suicide.*

The death registers show few, if any, items more remarkable for the constant ratio of their occurrence than the regularity with which suicide counts its victims. In this country, year after year, more than 1,300 men and women, driven to desperation by their own folly or by some overwhelming misfortune, seek refuge from trouble in death: some of these—it is not recorded how many—belong, of course, to the class of irresponsible beings whose deficient mental organization incapacitates them from being safe custodians of their own lives. The statistics of suicide in England, according to the Registrar-General's returns, show that the annual proportion to every million of the population has ranged in the eight years from 1858 to 1865 successively thus:—66, 64, 70, 68, 65, 66, 64, 67. With two exceptions, therefore, the last state of things is worse than the first. No account is kept of the attempts which are frustrated, so that there is nothing beyond surmise to give any clue to the probable movement of the tendency to suicide among us. It is, however, certain that the figures we have quoted above do not fully represent the extent of the crime, inasmuch as some—no one can possibly know how many—of the deaths by drowning and other means must be set down to self-destruction. The extraordinary

regularity with which the same means are employed for the same end is not the least curious feature in these statistics. Hanging has always been the mode most commonly adopted, and 28 out of the ratio of 67 per million suicides of 1865 fall under this head, the proportion having remained almost constant in successive years. Cutting or stabbing and drowning, accounting for an (almost equal proportion (12 and 11 out of the 67 per million), come next in the order of frequency; then follow poisoning (7) and gunshot wounds (3), the residue (6) not being specifically described. The ratio of suicides by means of firearms was 3 per million in each one of the eight years, and the other ratios show little or no variation. Dr. Young, in his 'Night Thoughts,' speaks of "Britain, infamous for suicide;" and, judging from a recent comparison in a French statistical journal, we still maintain a very unsatisfactory position as regards some other European states. The ratio of suicides per million of the respective populations in 1864 was 110 in France, 64 in England, 45 in Belgium, 30 in Italy, and 15 in Spain. This must of course be taken *cum grano*, as, notwithstanding the efforts of statistical congresses, international comparisons are still surrounded with great uncertainty.—*Pall-Mall Gazette*.

### *Publications, &c., Received, 1867.*

(Continued from the 'Journal of Mental Science,' July, 1867.)

'On Pain, and other Symptoms connected with the Disease called Hysteria.' By Dennis De Berdt Hovell, M.R.C.S., Vice-President of the Hunterian Medical Society. London: John Churchill and Sons, 1867, pp. 44.

'The Insanity of Pregnancy, Puerperal Insanity, and Insanity of Lactation.' By Dr. J. B. Tuke.  
(Reprint from 'Edinburgh Medical Journal'.)

'Trousseau's Clinical Medicine.' Translated and Edited, with Notes and Appendices, by the late P. Victor Bazire, M.D. To be completed in 12 Parts, demy 8vo. Part III.—18. Cerebral Rheumatism; 19. Exophthalmic Goitre; 20. Angina Pectoris; 21. Asthma; 22. Hooping Cough; 23. Hydrophobia. London: Hardwicke, 192, Piccadilly.

*Arrangements for the continuation of the translation of this valuable work are in progress.*

'A Practical Treatise on Shock after Surgical Operations and Injuries: with Especial Reference to Shock Caused by Railway Accidents.' By Edwin Morris, M.D. London: Robert Hardwicke, 1867, pp. 88.

'De la Folie Raisonnante et de l'Importance du Délire des Actes pour le Diagnostic et la Médecine Légale. Par A. Brierre de Boismont. Paris: J. B. Baillière et Fils, 1867. (See Part II, Reviews.)

'A Preliminary Notice of the Akazga Ordeal of West Africa, and of its Active Principle.' By Thomas R. Frasei, M.D., F.R.S.E., Assistant to the Professor of Materia Medica in the University of Edinburgh. London: Printed by J. E. Adlard, Bartholomew Close, 1867 (pamphlet).

(Reprinted from the 'British and Foreign Medico-Chirurgical Review,' July, 1867.)

'Die Lehre von der Tabes Dorsualis, Kritisch und Experimentell Erläutert.' Von Dr. E. Cyon. Berlin: Verlag von Carl Sigismund, Liebrecht, 1867, pp. 115.  
*An interesting monograph, and carefully worked up.*

'Esquisses de Médecine Mentale: Joseph Guislain sa vie et Ses Ecrits.' Par A. Briere De Boismont, Doctor en Médecine, Membre Titulaire de la Société Médico-Psychologique de Paris, Membre Correspondant de l'Académie Royale de Médecine de Belgique, et de la Société des Sciences Médicales et Naturelles de Bruxelles. Avec le portrait De Guislain. Paris: Germer Baillière, Libraire-Editeur, 1867, pp. 160.

'Gheel ou Une Colonie D'Aliénés, Vivant en Famille et en Liberté Etude sur le Patronage Familial Appliquée au Traitement des Maladies Mentales Avec une Carte de la Commune de Gheel.' Par Jules Duval, Ancien Magistrat, Vice-Président de la Commission Centrale de la Société de Géographie de Paris, Directeur de l'Economiste Français. Paris, 1867, pp. 440.

*A most interesting essay.*

'Studies: Biographical and Literary. By George Ross, M.D. Simpkin, Marshall, & Co., pp. 168.

### *Appointments.*

J. O. Adams, M.R.C.S.E., has been appointed Assistant Medical Officer at the City of London Lunatic Asylum, Stone, Kent.

J. Edmundson, M.D., of the Clonmel Auxiliary Lunatic Asylum, has been appointed Resident Medical Superintendent of the District Lunatic Asylum, Castlebar, Co. Mayo, vice T. C. Burton, M.D., resigned.

G. Thompson, M.R.C.S., has been appointed a Resident Clinical Clerk in the West Riding Lunatic Asylum, Wakefield.

T. B. Pattinson, M.R.C.S.E., has been appointed Assistant Medical Officer to the Cornwall County Lunatic Asylum, Bodmin.

### *Obituary.*

On the 5th of July, aged 83, died William Lawrence, F.R.S., Surgeon to Bethlehem Hospital since 1815, and an Honorary Member of the Medico-Psychological Association.

"Lawrence (says Brodie, in his autobiography) was one who has since acquired so large and well-deserved a reputation. He was even then (1801?) a remarkable person. I never knew any one who had a greater capacity for learning than he had, nor more industry, nor who at the same age had a greater amount of information—not merely on matters relating to his future profession, but on a great variety of other subjects. From that time to the present, Lawrence and myself have been moving in parallel lines, he having had the largest share of private practice next to myself; and it may be regarded as somewhat to the credit of both of us that there has never been any manifestation of jealousy between us. I have already mentioned that when a young man he had some faculties in great per-

section, and he has them still, and but little, as far as I can see, impaired by the addition of fifty years to his age. He has a great memory, and can easily recur to and make use of what he knows. He has considerable powers of conversation, but without obtruding himself to the exclusion of others, as is the case with too many of those who are reputed to be good talkers. What he says is full of happy illustrations, with, at times, a good deal of not ill-natured sarcasm. In public speaking he is collected, has great command of language, and uses it correctly, but not equal to what he is in ordinary society. In writing, his style is pure, and free from all affectation, yet in general not sufficiently concise. His reading has been extensive; he is well acquainted with modern, and moderately so with the ancient, languages. His professional writings contain a vast deal of information, but it is more as to what he has taken from other authors than as to the result of his own experience and observation. That he is thoroughly acquainted with his own profession cannot be doubted, for it would not have been possible for him otherwise to retain for so long a period the high place which he has occupied."

On the 22nd July, at Moorcroft, Hillingdon, Middlesex, died George J. Stilwell, M.D., eldest son of G. Stilwell, Esq., Epsom, Surrey, the beloved Physician to the establishment. The loss which the medical profession, and especially the psychological branch of it, has sustained in the premature death of Dr. George Stilwell, is one which will not be easily replaced. At an early age he was suddenly called upon to fill the place of one who occupied a prominent position in his profession, and most worthily and honourably has he acquitted himself and maintained the reputation already belonging to the honoured name he bore. His modest and gentlemanly bearing was combined with an excellent disposition and good sound common sense, and won for him the good opinion and confidence of all who knew him; while those of his own profession who were brought in contact with him felt that they were dealing with a thoroughly upright man, upon whose opinion they could rely and in whose hands they were safe.—*British Medical Journal*, August 10.

### *Notice to Correspondents.*

English books for review, pamphlets, exchange journals, &c., to be sent either by book-post to Dr. Robertson, Hayward's Heath, Sussex; or to the care of the publishers of the Journal, Messrs. Churchill and Sons, New Burlington Street. French, German, and American publications may be forwarded to Dr. Robertson, by foreign book-post, or to Messrs. Williams and Norgate, Henrietta Street, Covent Garden, to the care of their German, French, and American agents, Mr. Hartmann, Leipzig; M. Borrari, 9, Rue de St. Pères, Paris; Messrs. Westermann and Co., Broadway, New York.

Authors of Original Papers wishing *Reprints* for private circulation can have them on application to the Printer of the Journal, Mr. Adlard, Bartholomew



Close, E.C., at a fixed charge of 30s. per sheet per 100 copies, including a coloured wrapper and title-page.

The copies of *The Journal of Mental Science* are regularly sent by *Book-post (prepaid)* to the ordinary Members of the Association, and to our Home and Foreign Correspondents; and Dr. Robertson will be glad to be informed of any irregularity in their receipt or overcharge in the Postage.

The following *EXCHANGE JOURNALS* have been regularly received since our last publication:

The *Annales Médico-Psychologiques*; the *Zeitschrift für Psychiatrie*; the *Correspondenz Blatt der deutschen Gesellschaft für Psychiatrie*; *Archiv für Psychiatrie*; the *Irren Freund*; *Journal de Médecine Mentale*; *Archivio Italiano per le Malattie Nervose e per le Alienazioni Mentali*; *Medizinische Jahrbücher (Zeitschrift der K. K. Gesellschaft der Aerzte in Wien)*; the *Edinburgh Medical Journal*; the *American Journal of Insanity*; the *Quarterly Journal of Psychological Medicine, and Medical Jurisprudence*, edited by William A. Hammond, M.D. (New York); the *British and Foreign Medico-Chirurgical Review*; the *Dublin Quarterly Journal*; the *Medical Mirror*; the *British Medical Journal*; the *Medical Circular*; the *Journal of the Society of Arts*; and *New York Medical Journal*. Also the *Morningside Mirror*; the *York Star*; *Excelsior*, or the *Murray Royal Institution Literary Gazette*.

On and after the 1st of October great facilities are given for the transmission of periodicals between England and the United States of America, by *Book Post*. We trust our American Correspondents will avail themselves of them.

We have also received the *County Union and Anglo-Jamaican Advertiser*, June 7.

Press of matter compels us to defer the insertion of an able analysis (with remarks) of the recent Act of Parliament relating to the *Irish District Asylum*.

Dr. Alexander Robertson, of the *Town's Hospital and Asylum, Glasgow*, has sent us a specimen of a very clever screw button for fastening dresses, and which will probably supersede the old Hanwell pattern. Dr. Alexander Robertson will be glad to communicate with any member of the Association who may wish a copy.

**THE JOURNAL OF MENTAL SCIENCE, JANUARY, 1868.**

*[Published by authority of the Medico-Psychological Association.]*

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# THE JOURNAL OF MENTAL SCIENCE.

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VOL. XIII.

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## PART I.—ORIGINAL ARTICLES.

### *Some Observations on the Phenomena of Life and Mind.*

By ROBERT DUNN, F.R.C.S., &c.

(*Read in the department of Anatomy and Physiology, at the Meeting of the British Association, at Dundee, September, 1867.*)

LIFE and mind, in their abstract nature or essence alike inscrutable to us, are problems which belong to the same category ; for, in this world, we know nothing of life apart from an organism, and we have no manifestations of mind independently of a brain and nervous system. Here living organisms are required for the display of the vital phenomena, and a brain and nervous system for the manifestations of mind. Life has accordingly been defined as “the collective expression for a series of phenomena which take place *exclusively* in bodies that are organized,” and “mind as the functional manifestations of the living brain.” But then, and at the outset, it is to be remembered that in affirming sensation, emotion, thought, and volition to be functions of the nervous system, what is really maintained is this, that the vesicular matter of the encephalic ganglia furnishes the material conditions—the medium through which these mental phenomena are made manifest in this life. It may indeed be asked, Are not the physical forces of external nature, which underlie all vital phenomena, and the changing states of consciousness which constitute our mental life, as inscrutable to us in their nature or essence as are life and mind ? and it must be conceded that they are. Matter and force are coexistent, and are correlative. Nor can we conceive of the one but in association with, by, and through the other, any more than we can conceive of life, in our present state of

existence, apart from an organism, or of thought independently of a living brain.

Mr. Grove has indeed most convincingly shown that the correlations of the physical forces, the convertibility of one form of force into another, points to a *unity* of force; nay, more, leads, as he thinks, to the belief that "*the two fundamental conceptions of matter and motion will be found sufficient to explain physical phenomena*"\* The agency of motion in the manifestations of both life and mind is unquestionably important, and strikingly conspicuous, so that motion has been regarded as a kind of common ground upon which nature, life, and mind may be said to meet. In every living organism there are ceaseless motion and change, and the dynamical agency of mind in the production of motion is seen in all our voluntary movements and volitional acts. Whatever, indeed, may be the notion entertained as to the abstract nature of mind, *mobility* and *sensibility* are its primordial points of contact with the external world or nature. But still the phenomena of life and mind are so antagonistic to, that they are not to be identified or confounded with, nor can they be included under, mere physical phenomena: for, while matter and the physical forces suffice for the explanation of the physical phenomena of nature, to these require to be superadded a *living organism*—*germinal matter with its vital force*, for the display of the phenomena of life,—and to these, again, the further presence of a nervous system, and the vesicular matter of the encephalic ganglia, with their inherent nervous and mental forces, for the manifestations of *sensibility*, *intelligence*, and *thought*. The fact, indeed, cannot be denied, that the agency or co-operation of matter and the physical forces is as essential to the manifestations of life as life itself is to the display of the mental phenomena, of which consciousness is the exponent, so that physical, vital, and mental phenomena have been considered, and may perhaps be most correctly regarded as the expression of successive and ascending developments of *force*, each *sui generis*; for they are not to be confounded, and cannot be identified with each other.† The spontaneity of the actions of the

\* *Vide* Address of W. R. Grove, Esq., Q.C., M.A., F.R.S., President of the Meeting of the British Association, at Nottingham, 1866.

† I am aware that the existence of a distinct vital force has been and is ignored by some distinguished physicists. Grant, say they, a *living organism*, and then the agency of the physical forces is all-sufficient for the display of the vital phenomena, heat playing an all-important part in their production. But, waiving this, I would here briefly remark, that the correlations of the vital, nervous, and mental forces present to the psychological inquirer and thoughtful practitioner a subject fraught with deep interest and importance, seeing that vital power supplies nervous energy, and the nervous force mental activity. The transformation of these three forces—the vital into the nervous, and the nervous into the mental, and their converse—thus interchanging and interchangeable, with their attendant consequences, the expenditure of the one supplying new energy and vigour to the other, opens out an interesting field for observation and inquiry, and clearly points out how impossible is the attempt to isolate mental facts from all those of the nervous and vital

living organism, and its vital force,—its self-constructing, self-maintaining, and self-propagating power,—cannot be identified with, for it is totally distinct and different from, any ordinary physical force—compelling, as it does, the elements to take up their required special relations, and thus drawing a broad line of demarcation between the simplest living organisms and the most perfect mechanism of human construction.

Again, as Professor Beale has justly remarked :

“Let no one conclude that anything is gained by regarding nerve force as electricity or some mysterious unknown correlative of ordinary force, of the nature of which we know nothing. If we admit it to be ordinary electricity, the problem is not solved; for it is obvious that its manifestations are due entirely to the peculiar arrangement of the nerve-cells and fibres which constitute the mechanism for setting free and conducting the currents. It is not possible to conceive nerve phenomena without a special nervous apparatus, and it would be absurd to ignore this apparatus in considering the nature of nervous action. The action of the machine cannot be dissociated from its construction. But the construction of the apparatus and its maintenance in a state fit for action are due to *vital power*. The lowest, simplest, and least varied kinds of nervous action, like all other actions known in connection with the living elementary parts of living beings, are intimately connected with *vital* changes, and cannot be accounted for by physical and chemical laws only. When we ascend to the consideration of the higher and more complex nervous actions, we find reasons for concluding that the vital acts perform a still more important part. In the brain of man we have probably the only example of a mechanism possessing within itself not only the means of repair, but the capacity for improvement and the power of increasing the perfection of its mechanism, not only up to the time when the body arrives at maturity, but long after this, and even in advanced life, when many of the lower tissues have undergone serious deterioration, and have long passed the period of their highest functional activity.” \*

“Life,” † he has well observed in his able exposition of the subject, founded upon microscopical investigation, “is a state of action and of change. Within every living organism, and every elementary

system with which they are so closely interwoven. At the same time, while we note the perpetually-recurring metamorphosis of *nerve-force* into *mind-force*, and of *mind-force* into *nerve-force*, we know it to be a physiological fact that the vesicular matter of the cerebrum is the material substratum through which the metamorphosis is effected; and, indeed, have we not actual proof of *increased disintegration* of the nervous tissue in the redundant amount of the *alkaline phosphates* in the urine when the centre of intellectual action has been overtaxed?

\* *Vide* ‘How to Work with the Microscope,’ 4th edition. Churchill, p. 338.

† *Vide* ‘Introduction to the Physiological Anatomy and Physiology of Man,’ by Lionel Beale, M.D. Longmans and Co., 1866.

part or cell, are ceaseless motion and change. The absorption of new lifeless material, its conversion into living matter, and the removal of that which has ceased to live, *comprise* a continuous succession of actions, in which *organization* and *disorganization*, *life* and *death*, are unceasing." He justly adds, "But in these actions are comprised phenomena of two distinct classes, different in their very nature—*physical phenomena* and *vital phenomena*—physical phenomena which occur in the external world, and phenomena truly vital, the nature of which is not to be so explained,—such are the processes of formation, growth, and multiplication, and occur in living beings only,—whereas the development of heat, light, electricity, and such like, are *physical phenomena*, whether they occur in living organisms or in inanimate matter.

The *living germinal matter alone* is the seat of vital actions, while in the *lifeless formed material* physical and chemical phenomena are in operation."\* Now, life in its mysterious association with matter is transmitted from one living being to another. Every living particle comes from a pre-existing living particle, for in every instance *matter* derives its vital power or properties from a previously existing organism. The vital part of the impregnated egg consists of living matter, which results from living matter belonging to the organisms of the beings that produced it. It manifests a life independent of its parents, and undergoes development if the requisite physical conditions are supplied.

But, on the other hand, "every attempt," to use the words of Dr. Beale, "to give *vitality* by means of the physical forces to inanimate matter has been vain and futile. Not the slightest approach, by any means, has been made towards the formation of anything having the properties of the lowest and simplest form of living matter. All attempts by synthesis at the formation of albumen or fibrine, nay, even of starch or the cellulose of the very lowest vegetable organisms, have been unsuccessful."

"How beautiful," as observed by Todd and Bowman, "is the provision which this power, possessed by organized bodies of generating others, affords for preserving a perpetual succession of living beings over the globe. The command, "*increase and multiply*," has never ceased to be fulfilled from the moment it was uttered. Every hour, every minute, brings into *being* countless myriads of plants and animals, to supply in lavish profusion the *havoc* which death is continually making; and it is impossible to suppose that the earth can cease to be in this way replenished until the same Almighty Power that gave the command shall see fit to oppose some obstacle to its fulfilment."†

*Mental Phenomena.*—Turning now to the consideration of the

\* 'Physiological Anatomy of Man.'

† Ibid.

mental phenomena, of which consciousness is the exponent,—and here, let me say, I confine my observations to such mental phenomena,—I would begin by observing that in *limine* it may literally be said that from the first moment the primordial cell-germ of a human organism comes into being, and is launched upon the ocean of time and space, the entire individual is present,—an organized entity exists, fitted for a human destiny; and that from the same moment, *matter, life* and *mind*, body and soul, are never for an instant separated, their union constituting the essential mode of our present existence. The mind, like the body, passes through its phases of development and growth. The germs, so to speak, of all our activities—sensational, emotional, ideational, and intellectual—as constituent elements, are present from the first. They exist *implicitly, ab initio*, in every *mens sana*, and they are all in due order and succession evolved *explicitly* as the different phases of consciousness become developed: for in the primordial cell of a human organism are potentially contained the vital, nervous, and mental forces. Inherent in it are the powers of nutrition, development, and growth, under which, in utero, daily supplied with the nutrient pabulum, the bodily fabric is evolved and built up in accordance with all the subsequent wants of the future man. Not only the osseous, muscular, and vascular systems, but the nervous apparatus also, upon the vesicular matter of the encephalic ganglia of which, the mind is dependent for the manifestation of all its phenomena throughout the totality of life in health and disease. As soon, however, as embryonic life is passed, and an independent existence, an individuality is established, the nascent consciousness becomes awakened, roused into activity by stimulus from without, the infant mind responding at birth solely to impressions from without or to instinctive feelings from within, sensibility and mobility being its primordial points of contact with the external world. This nascent consciousness, purely sensational at first, emerges gradually, step by step, from self-consciousness to world-consciousness, and through the ideational and emotional, up to its highest phase of intellectual development. Thus, our *outer* life begins with consciousness, and, it may be said, with consciousness to end; for, on the cessation of consciousness, life, reduced to a series of mere automatic movements speedily becomes extinct. Consciousness itself, as *the exponent of mind*, is an ultimate fact, in animal life, beyond which we cannot penetrate. It implies *mental existence*, and is the universal condition of intelligence, for it is involved in every sensation which we experience, in every mental act that we perform, in feeling, perceiving, thinking, and willing. In a word, it is *individuation*, and equivalent to the knowledge which we possess of our own personal identity. It is like life, one and indivisible, for the unity of consciousness is the deepest and most indisputable



fact of our nature; and to feel, to perceive, to think, and to will, are so many acts or states of consciousness; thus the mind works in a succession of states. Two thoughts or acts of memory, however closely related to one another, cannot be presumed to exist *at the same instant* in our consciousness, each has its own individuality in *time*. Swiftmess of succession naturally suggests *unity* of time and state, which has no real existence, for the mind cannot maintain two impressions *simultaneously*. We can indeed best conceive of consciousness in relation to time as an incalculably rapid succession of acts or states from the moment of birth, and as passing through a series of developments. These progressive phases of mental development are dependent for their very existence upon the evolution and material condition of the vesicular matter of the encephalic ganglia through which they are manifested; for *comparative psychology*, the study and strict interpretation "of the living experiments," to use the happy and expressive language of the illustrious Cuvier, "which nature has presented to us in an ascending series, in the varying forms of animal existence, from the lowest up to man," not only establishes the fact that sensation, perception, emotion, and intellectual action are distinct states of consciousness successively developed, but that these states are manifested through different portions, or nervous centres of the encephalon, and that the human mind in its progress to maturity passes through these successive phases of development. Self-consciousness, as the earliest, and consequently the lowest, is the primary condition of intelligence, and psychology has been briefly but aptly defined *developed consciousness*.

In our mental development there are *three* distinct phases of consciousness successively evolved, and characterised by different psychological phenomena:—1. The sensational; 2. The perceptive, or ideational and emotional; and, 3. The intellectual. For we feel, before we can perceive or idealise, and long ere we can either reason or reflect, we manifest the animal instincts and the social propensities, affections, and feelings. And thus to feel, to perceive, or idealise, and to think,—in other words, *sensation*, *ideation*, and *intellection*,—are different and distinct acts or states of consciousness. And under these three phases all mental phenomena of which consciousness is the exponent are comprised, and may be classified and grouped. And 1st. *The phenomena which formulate the sensational consciousness* are, besides the intuitions of the special senses, *sensori-motor*, consensual, and instinctive actions and feelings. And among these, common sensibility or feeling, and the capability of receiving pleasure and pain from mere tactile impressions are primordial, the most universal in nature, and the most essential to human existence. Sensation is the link in the chain of being between the vital and the mental forces, connecting together the conscious and the unconscious processes. As a complex act, it is

partly within and partly without the consciousness ; but, as soon as embryonic life is passed, it traverses the line which separates the physical and vital from the nervous and mental processes, enters the light of consciousness, and thus becomes a fact, psychological as well as physiological.

Man is at birth the mere creature of sensation and instinct. All his actions are automatic, reflex, and consensual ; his intelligence is purely sensational ; his feelings simply those of pleasure and pain ; and his impulses to action innate and instinctive. But, though the lowest in the psychical scale, these sensori-motor, consensual, and instinctive phenomena are not to be confounded with, for they are altogether independent of, intelligent and volitional actions.

The sad and melancholy spectacle, indeed, has but too often been presented to us in instances in adult life, where the functions of the cerebrum having been arrested and suspended, of man reduced to his primitive condition of mere sensational and instinctive being. Now, it is in such cases where the cerebrum is benumbed and paralysed, and is no longer capable of receiving and acting upon sensorial impressions, that the sensory ganglia become so strikingly manifest as an independent centre of action.\*

Now, the nervous apparatus of the sensational consciousness of man consists, to the *exclusion of the cerebrum*, of the spinal axis and nerves, the medulla oblongata, and the chain of sensory ganglia, including those of the special senses at its summit. These form a distinct centre of action independent of, and not to be confounded with, that of the ideational or intellectual consciousness.

2ndly. *The Phenomena of the Perceptive or Ideational and Emotional Consciousness.*—In Perception, as the correlative of Sensation, and indicative of its intellectual phase, *ideas* are formed—sensory impressions are *idealised*, that is, translated or converted into intellectual phenomena, and become the materials of thought. In this stage of our mental development, to the sensational the Perceptive Phenomena are superadded : these are *Ideation* and *Volition*, with their associates *Memory* and *Emotional sensibility*. The genesis of the *will* and of the *memory* is in the ideational consciousness ; for their manifestation is dependent upon the presence of *ideas* on the mind. There can indeed be no *volitional* or *determinate action*, any

\* For a strikingly illustrative instance of this kind, I would refer to a case, which I published, with a commentary on its psychological bearing, in 1855, in the 'British Medical Association Journal.' The case was one of suspension of the mental faculties, of the power of speech, and of the special senses, with the exception of sight and touch, continuing for many months ; and it has been characterised by Dr. Carpenter, in his 'Human Physiology,' as the most valuable example as yet put upon record in illustrating the nature of a purely *sensorial* and *instinctive*, as distinguished from an *intelligent* existence, and the gradual nature of the transition from the one to the other."

more than there can be any exhibition whatever of the power or faculty of *Memory*, without the existence and retention of ideas in the mind, and hence *Ideation*, *Memory*, and *Volition* are interwoven with each other, and are one at the root. When, indeed, the perceptive consciousness is in abeyance, they are one and all suspended. There is an end "to all the enjoyments of the feast, all the fragrance of the flowers; and the whole of the associations which they embody vanish as with a single and magic stroke."—*Morell's Psychology*.

But the perceptive consciousness is not limited in the sphere of its action to the mere ideation of external existences, their sensible qualities, and physical attributes. It has a far more extended range; for, excepting the sensational intuitions, all our immediate or intuitive knowledge, of whatever kind, has its origin in perceptive experience. All the ideational activities appertaining to man as an individual, emotional and social, as well as a moral and religious being, are duly evolved and brought into play as the perceptive, or emotional consciousness, becomes developed.

As sensation is the link in the chain of being between the conscious and the unconscious processes, the vital and the mental forces, so is ideation intermediate between sensation and intellection,—the lowest and the highest phases of our mental development.

The great hemispherical ganglia—the acknowledged seat of all intellectual action and volitional power, together with the centres of emotional sensibility in the meso-cephale—constitute the nervous apparatus of the ideational consciousness. For, wherever these hemispheres exist, and in however rudimentary a state of development, there we invariably find unmistakeable evidence of the manifestation of the essential phenomena of the perceptive consciousness—Ideation, Memory, and Volition, as opposed to the mere sensorimotor, consensual and instinctive actions, the phenomena of the sensational consciousness.

These crowning ganglia are manifestly superimposed on the sensory, emotional, and motor centres within the encephalon, and in close and direct commissural connection with them, for the purpose of combining and associating instinctive actions and emotional sensibilities with ideational activities, and for offices and purposes the noblest and most exalted of which the human mind is capable.

3rdly. *The Phenomena of the Intellectual Consciousness*.—The sensory intuitions of the sensational consciousness, when transmitted to the cerebrum, are there *idealised*, by a second ganglionic action, and become transformed and converted into intellectual phenomena. And though to *perceive* and to *think* are distinct mental acts, *ideation* and *intellection* are inseparably connected, for the perceptive intuitions furnish the materials of thought; and although without ideas there could be no *thinking*, still an intuitive reasoning

process underlies nearly the whole of our mental operations,—for, no sooner is the perceptive consciousness sufficiently developed, and the mind able to perceive and to look upon objects which are in striking contrast with each other, than it intuitively begins to compare them, and every act of comparison involves, in the result, the agency of the cogitative or reasoning faculties. Now, *perception* speaks to us from *without*, but *intellection* from *within*, so that the two mental processes are reversed. And while on the one hand all our immediate or intuitive knowledge has its origin in perceptive experience; so, on the other hand, all our representative knowledge is the *creation* or *product* of the mind's own intellection and introspection—of imitation, imagination, ratiocination, and reflection; for these, with memory and volition, are the distinguishing phenomena of the intellectual consciousness. It is through them that man is raised so immeasurably high in the scale of being, and that the human mind attains to its culminating phase of development in the *highest reason* and the *freest will*.

Rising above sensation and above perception, man soars into the region of representative knowledge, grasping, through his intellectual faculties, his reasoning and reflecting powers, *abstract ideas*, and *necessary* and *universal truths*, and finding articulate *utterance and expression* for them, through the noble faculty of speech, in language.

The great hemispherical, as the crowning ganglia of the encephalon, are, as I have said, superimposed on the sensory, emotional, and motor ganglia, for offices and purposes the noblest and most exalted. All physiological psychologists are agreed that they are the sole and exclusive seat of all intellectual action and volitional power—of the understanding and the will. But they obviously subserve different kinds of mental action. For, as Mr. Herbert Spencer has well observed: "Localization of function is the law of all organization whatever, separateness of duty is universally accompanied with separateness of structure, and it would be marvellous were an exception to this to exist in the cerebral hemispheres.

"Let it be granted that the cerebral hemispheres are the seat of the higher psychical activities; let it be granted that among these higher psychical activities there are distinctions of kind which, though not definite, are yet practically recognisable; and it cannot be denied, without going in direct opposition to established physiological principles, that these more or less different kinds of psychical activity must be carried on, in more or less distinct parts of the cerebral hemispheres. To question this, is not only to ignore the truths of physiology as a whole, but especially those of the physiology of the nervous system. Now, there is either some arrangement, some organization, in the cerebrum, or there is none. If there is no organization, the cerebrum is a chaotic mass of fibres,

incapable of performing any orderly action. If there be some organization, it must consist in that same physiological division of labour, in which all organization consists; and there can be no division of labour, physiological or other, of which we have any example, or can form any conception, but what involves the concentration of *special kinds of activity in special places*.\*

Of this cogent reasoning of Mr. Herbert Spencer, Dr. Richardson, in his recently published lecture, in the 'Medical Times and Gazette,' "On the Local Independency of Nervous Function," presents us with a marked confirmation:

"Than the perfection of the *isolation* of the nervous centres," says Dr. Richardson, appealing to his experiments on the temporary local destruction of nervous function by the application of extreme cold, "*no fact is more striking*. The brain structure is one of the most indifferent conductors of caloric with which we can become acquainted. It can receive the *force* and hold it, but it conveys it badly. If the force of the nervous system could pass readily and immediately from one part to an adjoining part by *conduction*, *individuality* of function would be impossible. There would be but one organ, not, as there is, a series of organs linked together in structure, but *isolated* in regard to *speciality* of function. The *indifference* of *conduction* practically secures individuality of action with continuity of structure so excellently, that we can fully destroy, by the direct and limited action of extreme cold, the function of a single centre, without involving any other. It appears to us as though the brain were made up of portions of the same matter all united into one organism, but distinctly mapped out into insular divisions, each well separated from its neighbour, and having its own duties. It is like a continent, divided into so many nations, all united by soil and air and other bases of existence, but yet each exercising a special function in regard to the continent at large, each having its own language, its own genius, its own laws." "The only mode," he says, "in which I can account for this separation and localization of power, is by the vascular supply of the nervous system, and by the bad conducting power of the nerve matter. As each centre is supplied with its own vessels, through which alone it derives its force, and as each centre possesses the power of retaining force, there is set up an independence of organism in every part sufficiently perfect, I think, to secure *isolation* of function with unity of construction." At all events we have the fact, that each *nerve centre* is practically an independent *centre of force*.

But it must be borne in mind that Dr. Richardson, on the local independency of nervous functions, refers especially to *physical facts*, and not to the *psychological arguments*, which the illustrious Gall

\* Spencer's 'Principles of Psychology,' p. 607, 1855.

instituted, in regard to the *isolation* and development of the *organs* of the *mind*. He says truly, "In experiments on the inferior animals with extreme cold, it is only possible to observe the destruction of those functions which come under the direct observation of the senses ; symptoms which are motor in character, and which cannot be traced back to any voluntary—that is to say, any purely *volitional*—act of the subject." "But at the same time," he remarks, "it would be unjust not to allude to the circumstance that, by the process of analogical reasoning, the argument of Gall is powerfully strengthened. For, if each portion of the nervous system which governs motion is an independent local centre of power, it is a fair inference that each portion of the nervous system governing the mental acts is also an independent centre of *power*, since it is not probable there would be two methods for the reception of *force* in one series of organic structure—a structure which, whether presenting itself as *grey* or as *white matter*, possesses the same physical characteristics in respect to the conduction of force."—*Medical Times and Gazette*, August 17th, 1867.

Now, that different parts or portions of the great sheet of vesicular matter which crowns the convoluted surface of the cerebral hemispheres subserve, and are the seat of, different and special psychical activities, is to my mind a well-established fact. The microscopic investigation of its ultimate structure in the three main divisions—the anterior, middle, and posterior lobes of the cerebrum, by my friends, Professor Beale and Dr. Lockhart Clarke, revealing as it does to us, *distinguishable differences and varying degrees of complexity*, warrants, as I think, the inference of diversity of office. Moreover, as complexity of function is necessarily connected with complexity of structure, and as it is in the ultimate structure of the vesicular matter of the anterior lobes, that the greatest complexity of nerve-cells, nerve-fibres, and circuits are demonstrable, does it not necessarily follow, as a legitimate deduction, that the grey matter of the anterior lobes is the seat of the highest and most complex of our psychical activities?

In conclusion, let me avow what are my own views and convictions as to the offices or psychical activities of which the vesicular matter is the seat in the three main divisions of the cerebrum, its anterior or *frontal*, middle or *parietal*, and posterior or *occipital regions*, the boundary lines of which may be considered to be broadly marked out and defined by the coronal suture before, and the lambdoidal behind. These convictions have not been hastily formed, and although they are in general accordance with, they are not founded upon, the multiplied cranioscopic observations of Gall, Spurzheim, Combe, and Carus,\* but upon the facts of pathology observed by myself, or

\* In a paper read before the Royal Medical and Chirurgical Society, June 25th, 1850, and published in the 'Lancet,' October 22nd and November 2nd, of the

recorded by others, and upon those of developmental anatomy, comparative and human, viz. that the anterior lobes of the brain are the seat of the intellectual, the middle of the personal or individual, and

same year, "*On a Case of Hemiplegia with Cerebral Softening, in which loss of Speech was a prominent symptom,*" I took occasion to observe that "the psychological phenomena of disease present a wide and an interesting field for observation and inquiry; and that it is greatly to be regretted the subject has not more generally engaged the attention of those distinguished men to whom we are so much indebted for their valuable researches on the pathology of the brain." I rejoice in the belief that there now exists less cause for the expression of such regret, as *cerebral physiology*, by the pathologist, is no longer unheeded or neglected. I have great pleasure in referring to the valuable contributions of Dr. Samuel Wilks, "*On the Pathology of Nervous Disease,*" in the last published part of 'Guy's Hospital Reports,' and to the researches of Dr. Hughlings Jackson, Dr. Ogle, Dr. Broadbent, Dr. Richardson, and others. Dr. Wilks says truly, "the discovery of the connection between particular symptoms and definite nervous lesions, is of the utmost importance in a clinical sense, and of the extremest interest from a physiological point of view." And, again, "the medical man, whilst treating the diseases of the brain, has very often at the same time to deal with the various operations of the mind, which are intimately associated with it. Indeed, should he really investigate with full interest the various examples of brain disease which come before him, he can scarcely avoid being psychologist as well as physician; and I venture to affirm that already, by regarding mental operations in their physiological and medical aspect, the true explanation has been given to many of the obscure phenomena of the mind. Pure metaphysics appear to be becoming a subject of the past, and it is now seen that those who engage themselves in the study of psychology are fain to employ the true inductive method, and to derive these conclusions from observation and experience in the same way as in every other branch of positive science. Thus it is that the more advanced opinions of the later metaphysicians have tended in the same direction as those of the psychologists, and the psychologists are now compelled to study mental operations as observed in their fellow-men, and no longer wrap themselves up in their own self-consciousness, and evolve every conclusion from the inner self. It would be absurd for the metaphysician to adopt his own method, and arrive at different results from the anatomist and the physician who are studying the physiology of the brain in health and disease. The psychologist can no longer ignore the fact that the brain is the material organ of the mind, and that he must study its nature and its operations, under the most varied circumstances, before he can establish a true mental philosophy." ('Guy's Hospital Reports,' 3rd series, vol. xii, p. 158. Churchill and Sons, 1866.)

In closing this note, I would here reiterate what I have myself elsewhere said: "The attempt to trace the connection between structural diseases of particular portions of the substance of the brain, and deranged, impaired, or obliterated manifestation of the mind, however it may be beset with almost insuperable difficulties, is, nevertheless, one of vast interest and great importance; and, to this end, I cannot suppress my conviction that it is an incumbent duty upon the medical practitioner to make himself thoroughly acquainted with the principles and facts of phrenology, and with the respective sites or localities of the different organs in the cerebral convolutions; and to let no opportunity slip of bringing phrenological doctrines to the test of experience; for, if I am not greatly mistaken, it is to post-mortem examinations of the brain, and to pathological investigations, more than to any other source, that we are to look, not for the discovery of normal functions, but for evidence in support or refutation of the dogmata of phrenology." (*Vide* 'Medical Psychology,' p. 62. Churchill and Sons, 1863.) To all who are interested in such inquiries and in cerebral physiology, I cannot too strongly recommend Dr. Turner's Lecture on the Topography of the Brain. ('The Convolutions of the Human Cerebrum Topographically Considered,' by W. Turner, M.B. Lond., F.R.S.E. London, R. Hardwick.)

the posterior of the social and affectional activities or attributes of the human mind. In other words, my mind rests on the conviction—as I have elsewhere said, in a former paper, “*On the Influence of Civilisation upon the Development of the Brain among the different Races of Man*,” which I read at the Birmingham meeting of this great association in 1865—that the anterior are the intellectual lobes of the brain, the seat of the intellectual faculties, the reasoning and reflecting powers; the middle lobes are the personal, the seat of the animal activities, of the individual or personal affections or attributes, and of the moral and religious intuitions of the mind; and that in the posterior lobes are seated the social and affectional activities and propensities, those endearing attributes which are the charm of our existence here, binding together in the bonds of affection the ties of friendship, of country, and of race. Moreover, I recognise, with Gratiolet and Vogt, three stages or planes of development throughout the hemispheres of the brain, and in their tripartite division into anterior, middle, and posterior lobes: 1. The inferior, or lowest, the *basilar and superciliary*; 2. The middle, or *medial frontal*; and 3, the highest,—the coronal, or *superior frontal*, the sole and exclusive prerogative of man. Nor do I hesitate to avow my belief that it is on the comparative evolution and relative size of the different cerebral lobes on these stages or planes of development that the individual character is mainly dependent, and that while the middle or personal are the dominating lobes of the brain, as to the animal, moral, and religious activities of the man, it is the anterior which indicate the character of his intellectual bearing, and the posterior that of his social tendencies, propensities, and affections.

*The State of Lunacy in 1866 (Great Britain and Ireland).\**

THE following tables are compiled from the three official lunacy reports of the kingdom, and give (Table I) the total number of lunatics and idiots in England and Wales, in Scotland, and in Ireland, on the 1st January, 1867, with their place of maintenance and (Table II) their distribution per cent. at the same date.

\* 1. ‘Lunacy. Copy of the Twenty-first Report of the Commissioners in Lunacy to the Lord Chancellor.’ (Presented pursuant to Act of Parliament.) Ordered by the House of Commons to be printed, 14th June, 1867.—2. ‘Ninth Annual Report of the General Board of Commissioners in Lunacy for Scotland.’ Presented to both Houses of Parliament by Command of Her Majesty. Edinburgh: printed for Her Majesty’s Stationery Office, by Thomas Constable, 1867.—3. ‘Lunatic Asylums—Ireland. The Sixteenth Report on the District, Criminal, and Private Lunatic Asylums in Ireland: with Appendices.’ Presented to both Houses of Parliament by Command of Her Majesty. Dublin: printed by Alexander Thom, 87 and 88, Abbey Street, for Her Majesty’s Stationery Office, 1867.



TABLE I.—Showing the Number of Lunatics and Idiots in England and Wales, in Scotland and in Ireland, on the 1st January, 1867, with their Place of Maintenance.

WHERE MAIN- TAINED.	ENGLAND AND WALES.						SCOTLAND.						IRELAND.					
	PAUPER.			PRIVATE.			PAUPER.			PRIVATE.			PAUPER.			PRIVATE.		
	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.
In Public Asylums (In County and Borough Asylums and Lunatic Hospitals.)	11,336	113,412	24,748	1,585	1,103	2,688	1,151	1,203	2,354	441	412	853	2,696	2,428	5,124	52	26	78
In Licensed Houses (Private Pauper Asylums.)	417	833	1,250	1,792	1,436	3,228	257	303	560	109	143	252	—	—	—	351	320	671
In Workhouses ..... (Including Parochial Wards (Scotland), and Goals (Ireland).)	4,407	5,900	10,307	—	—	—	428	580	1,008	—	—	—	1,310	1,777	3,087	—	—	—
In private Dwellings (With friends or boarded out.)	2,732	3,906	6,638	96	127	223	690	878	1,568	8	13	21	—	—	—	—	—	—
TOTALS .....	18,892	24,051	42,943	3,473	2,666	6,139	2,526	2,964	5,490	558	568	1,126	4,006	4,205	8,211	403	346	749

TABLE II.—*Showing the Distribution per cent. of Lunatics and Idiots in England and Wales, in Scotland, and in Ireland, on the 1st January, 1867.*

	ENGLAND AND WALES.		SCOTLAND.		IRELAND.	
	Pauper.	Private.	Pauper.	Private.	Pauper.	Private.
In Public Asylums.....	58·0	43·7	43·0	75·8	60·0	10·0
In Licensed Houses .....	2·5	52·5	10·0	22·4	6·0	90·0
In Workhouses .....	24·0	None.	18·5	None.	34·0	None.
In Private Dwellings.....	15·5	3·8	28·5	1·8	None.	None.
Total per cent. ....	100·0	100·0	100·0	100·0	100·0	100·0

We proceed to furnish an analysis of the contents of these three lunacy 'Blue Books.'

#### I. ENGLAND AND WALES.

The history of the year 1866 forms the twenty-first report of the Commissioners in Lunacy.

1. *County and Borough Asylums.*—The report commences with a statement of the progress made in the extension of the public asylum system during the year. The number of pauper lunatics and idiots has increased during the ten years 1857-67 from 28,954 to 42,770. To meet this increase great efforts have been made by the several county asylums. In the year 1844, when the report of the Metropolitan Commissioners in Lunacy was published, the county and borough asylums, including the Northampton Hospital, which then, as now, received paupers, were 16 in number, and contained a total of 4,336 pauper patients. The asylums are now 49 in number, and contain 24,748 pauper patients.

Notwithstanding this large increase of provision for pauper lunatics, the pressure for further accommodation in many districts is most urgent.

The following table shows the ratio in which provision is made for the insane poor in the various counties of England and Wales:—

COUNTY.*	Pauper Lunatics and Idiots, 1st January, 1867.	Accommodation in Asylums.	Ratio of Accommodation to Numbers.
Anglesey, <i>see</i> Denbigh.			
Bedford .....	306	540	63 to 100.
Hertford .....	436		
Huntingdon ...	122		
Berks, <i>see</i> Oxford.			
Brecon, <i>see</i> Monmouth.			
Bucks .....	442	328	74 "
Cambridge .....	407	305	75 "
Cardigan .....	147	212	35 "
Carmarthen ...	255		
Pembroke .....	198		
Carnarvon, <i>see</i> Denbigh.			
Chester .....	891	494	55 "
Cornwall .....	542	379	70 "
Cumberland ...	387	278	55 "
Westmoreland ..	120		
Denbigh .....	228		
Anglesey .....	146	368	46 "
Carnarvon .....	196		
Flint .....	146		
Merioneth .....	77		
Derby .....	575	350	61 "
Devon .....	1,238	663	54 "
Dorset .....	494	491	100 "
Durham .....	673	360	53 "
Essex .....	974	598	61 "
Flint, <i>see</i> Denbigh.			
Glamorgan .....	476	300	63 "
Gloucester .....	989	631	64 "
Hereford, <i>see</i> Monmouth.			
Hertford, <i>see</i> Bedford.			
Huntingdon, <i>see</i> Bedford.			
Kent .....	1,477	660	45 "
Lancaster .....	4,602	2,695	59 "
Leicester .....	645	405	59 "
Rutland .....	39		
Lincoln .....	826		
Merioneth, <i>see</i> Denbigh.		586	71 "
Middlesex .....	5,655	4,043	71 "
Monmouth .....	376	459	48 "
Hereford .....	389		
Brecon .....	126		
Radnor .....	56		
Montgomery, <i>see</i> Salop.			
Norfolk .....	951	532	56 "
Northampton .....	589	359	61 "
Northumberland .....	679	431	63 "
Nottingham .....	614	379	62 "
Oxford .....	491	510	50 "
Berks .....	528		
Pembroke, <i>see</i> Carmarthen.			
Radnor, <i>see</i> Monmouth.			
Rutland, <i>see</i> Leicester.			

\* Two or more counties bracketed denote that there is a joint asylum for those counties.

COUNTY.	Pauper Lunatics and Idiots, 1st January, 1867.	Accommodation in Asylums.	Ratio of Accommodation to Numbers.
Salop .....	559	510	72 to 100
Montgomery ... }	148 }		
Somerset .....	1,026	521	51 "
Southampton .....	1,126	610	54 "
Stafford .....	1,119	846	76 "
Suffolk .....	771	400	52 "
Surrey* .....	2,117	918	43 "
Sussex .....	841	580	69 "
Warwick .....	1,342	1,076	80 "
Westmoreland, <i>see</i> Cumberland.			
Wilts .....	755	482	64 "
Worcester .....	745	584	78 "
York, East Riding .....	421	145	34 "
" North Riding .....	483	499	100 "
" West Riding ...	2,256	1,231	55 "
City of Bristol .....	492	214	43 "
City of York .....	61	30	50 "
Total .....	42,770	26,002	61 to 100.

The Commissioners relate the steps which were taken during the year 1866 farther to extend the public asylum system. The union between the counties of Oxford and Berks, and the boroughs of Oxford, Abingdon, and Reading, has been, with the sanction of the Secretary of State, dissolved, and it has been decided to erect an asylum for the county of Berks on the banks of the Thames near the Wallingford Road Station of the Great Western Railway. In the county of Chester the justices have determined to erect an additional asylum for the north-eastern portion, and an estate of sixty-five acres, about a mile from Macclesfield, has been purchased. At the Cornwall asylum the new detached building for fifty-two private patients is completed, and will very shortly be occupied. The old wards will then be appropriated for a similar number of pauper patients. It is to be hoped that the example thus set in Cornwall of providing public accommodation for private patients may soon be followed in other counties. This plan would result in a direct profit to the asylum, and would make our public lunatic asylums really, as they are in Germany and France, the asylums for all the insane of the county. Until the claims of the middle class thus to share in the benefit of the county asylum (to the erection of which they have been rated) are legally recognised, the much vaunted public asylum system of England cannot be said to be complete.

\* A second asylum for the county of Surrey, with 650 beds, has been opened at Brookwood since the publication of this report.

In the county of Durham plans are under consideration for the permanent enlargement of the asylum for 328 patients of both sexes. In the mean time relief to the overcrowding has been gained by a temporary structure of wood with felt roof, containing seventy male patients, and which was finished in little more than a month. In the county of Kent the Secretary of State overruled the wise and well-grounded objections of the Commissioners to a plan of the visitors for the enlargement of the present asylum at a cost of £86,000. It almost appears superfluous to enlarge on the disadvantages of an over-built asylum, such as the Kent justices are about to construct. The large sum they propose to spend on this scheme would have built a new county asylum, with every modern appliance, for 600 patients, and the old asylum at Barming Heath might have been used for the reception of the chronic lunatics of the county. Dr. Kirkman has lost a golden chance of thus advancing the treatment of the insane poor in Kent, and has instead, untaught by the failures at Hanwell and Colney Hatch—tacitly, at least—sanctioned another such blunder.

At the Lancaster asylum, at Prestwich, a detached hospital for thirty patients has been built at a cost of £75 a bed. Two new wings for the reception of sixty-five patients each are being added to the Northumberland asylum. At Nottingham fifty additional beds have been provided on the female side. An additional asylum for the county of Surrey, with 650 beds, has been opened at Rookwood. At the Sussex asylum 130 additional beds have been provided on the male side, and two dining halls calculated to contain 350 patients each have been built. The asylum has now accommodation for 700 patients. Two detached cottages have also been purchased for the treatment of infectious disease. At Worcester the superintendent's house has been converted into male wards, and a substantial detached house is being built for his residence at a cost of £3000. It is satisfactory to observe that the Commissioners have given their sanction to this most desirable reform in asylum arrangements. It is neither fitting nor reasonable to place the wife and family of the superintendent in the middle of a large asylum exposed to all the noise and discomfort inherent in such a position. The Scotch Commissioners began the new district asylums on the plan of providing the medical superintendent with a comfortable and quiet home, and it is gratifying to find that the English Board have given their tardy adherence to the same principle. A site has been purchased, near Sheffield, with 150 acres, for a second asylum for the West Riding of York, and one near Beverley for the North Riding has also been secured. The plans for the new asylum for the borough of Leicester have been approved. The asylum is intended for 282 patients, and the estimated cost of the building is £18,300. The Norfolk and Ipswich boroughs have bought a site at Hellesdon,

about three miles from Norwich. Ipswich declines to join the union, and has bought a site for an asylum of its own two miles from the town.

Passing from this record of the year's progress in the extension of the public asylum system, we have to notice that the Commissioners print in detail, in Appendix E, the entries made in the visitors' book at their official visits to the public asylums in 1866. These records present a very pleasing picture of the order and progress which reign in these asylums. There are only two exceptions recorded. First there is the official account of the treatment at Colney Hatch of patients of destructive habits. The following is the Commissioners' comment to the Lord Chancellor on the treatment at one time pursued there in certain exceptional cases.

In the report relative to the Colney Hatch Asylum allusion is made to a practice which has existed there of placing certain male patients of destructive habits in their rooms at night in a perfectly nude state, and without bed or bedding.

The subject, which had led to a correspondence between this Board and the Committee of Visitors, was brought specially under the notice of the Court of Quarter Session by Mr. H. Pownall, the Chairman, in February last; and the matter is one of such grave importance that we deem it our duty to report the whole of the circumstances connected with it.

On the 28th of May, 1866, an anonymous written communication was addressed to the Board, in which it was alleged that two of the male patients had been most cruelly treated by being locked up at night in single rooms, "without bedding of any kind, with only the bare boards and brick walls, and entirely naked."

One of the men was stated to have been so treated for ten successive nights, and the other to have been similarly confined during many weeks. It was further alleged that other patients had been confined in the same manner for longer or shorter periods.

Such a system of treatment being, as we believed, quite unknown in the asylums of this country—certainly not known within our own experience—we found it difficult to give credit to the statements of the writer; but the allegations were of too grave a nature to be passed over; and, with a view of affording the superintendent, Dr. Sheppard, the earliest opportunity of refuting them, his attendance was requested at a meeting of the Board.

The letter having been read, Dr. Sheppard not only admitted that the statements therein contained were substantially true, and that a similar mode of treatment was adopted as a system in cases (of which he said there were many) where patients were destructive of clothing and bedding; but he defended the practice on the ground that the skins of these patients were of such an unnaturally high temperature, that they were quite insensible to cold; that all covering was painful and irksome to them; and that if clothing or bedding were allowed they would at once destroy it, and of their own choice remain naked. He said that all medical remedies failed in such cases, and that strong gloves had been tried without success. No entries had been made in the case book or medical journal when patients were restrained by means of such gloves, nor had any of the instances of seclusion in a nude state been recorded.

These disclosures were of so startling a kind, and the practice thus brought to our knowledge affected so gravely the character of the asylum, that we at once addressed a letter to the Committee of Visitors, making them acquainted with all the facts of the case, suggesting an immediate and full inquiry on their part, intimating at the same time that, without seeking in any way to anticipate the result of the inquiry, we in justice to ourselves deemed it requisite to state that "in all our experience we had known no class of insane patients to whom such treatment could properly be applied, or would admit of any kind of justification."

No new facts were elicited by the investigation instituted by the Committee of Visitors. In the report which they directed him to make to them on the subject, Dr. Sheppard again defended the practice of withholding clothing and bedding from destructive patients, stating, however, that not more than five cases had been so treated, and that the number of instances in which the system had been resorted to had been greatly exaggerated, neither of the two patients having been actually deprived of all coverings for more than four nights.

On this point several of the principal attendants were examined by the Committee, who, to the best of their recollection, were enabled to confirm Dr. Sheppard's statements; but as no records of the cases had been kept, no very accurate intelligence could be obtained.

In forwarding Dr. Sheppard's report the Committee of Visitors concluded their letter as follows:—

"The Committee do not exonerate their Superintendent for the course he has pursued. They feel that he has committed a grave error in omitting to report this treatment to them; at the same time they feel it due to Dr. Sheppard to express their conviction that, in resorting to this treatment, he was actuated solely by the desire to do what in his judgment appeared to be the best and most humane for the patients committed to his care. They have now given positive directions to Dr. Sheppard calculated to prevent any cause of complaint in future; and that no exceptional treatment of any kind whatever be resorted to without such treatment being submitted to the Committee."

It is satisfactory to be assured that these occurrences will not be repeated, and it is needless to say that the opinions expressed in our letter to the visitors are unchanged. We believe that the treatment complained of is not only cruel, but totally unnecessary in any case; and that such a system of dealing with the faulty habits of the insane, instead of meeting them and subduing them by medical treatment and constant personal attention, would, if carried out, gradually lead to all the old repressive measures which have now happily been almost entirely abandoned. We refer with regret to communications made to some of the leading medical journals, since the date of the letter of the Committee, in which their Superintendent vindicates what had thus been condemned; but while Dr. Sheppard persists in maintaining erroneous opinions, we do not infer that he has any intention to repeat the practices they would justify; and a personal assurance from the Chairman of the Committee has satisfied us that the understanding expressed in their letter will be strictly adhered to.

Secondly, there is the following record of an unhappy exception to the general favorable reports on the county asylum for Northumberland.

In the Northumberland County Asylum there were four cases, all of which terminated fatally. There were circumstances connected with the

last of these cases, as reported to us by the head attendant, which in our opinion called for investigation. The statement was to the effect that the Assistant Medical Officer, on being called to visit a male patient late on the night in which he was attacked by cholera, went into the ward, and within a few yards of the door of the room where he lay, but would not go in and see him; that he left the patient in the charge of the attendant without proper directions for his treatment; that he (the attendant) then called on the Superintendent, who, although informed that the Assistant Medical Officer had not seen the patient, satisfied himself by requesting the Assistant Medical Officer to give a draught of medicine which he ordered; and that neither of the medical officers saw or examined the patient until the time of their ordinary visit the following morning, ten hours afterwards.

The visitors of the asylum investigated this charge, and, as the result of their inquiry, and after communication with our Board, they called upon the Assistant Medical Officer to resign at once his office. As regards the Superintendent, who had latterly been unwell, they thought that justice would be sufficiently met by placing on record their opinion, which they communicated to him, that his neglect to give immediate personal attention to the case was most censurable.

2. *The Insane Poor in Workhouses.*—The Commissioners visited 352 workhouses during the year 1866, and saw there 7,808 insane patients. The general picture which they draw of the condition of the insane poor in workhouses is deserving of quotation as a contribution to the question of how far the workhouses may be employed as houses of reception for chronic lunatics.

The character of the reports [they write] made and transmitted to the Poor Law Board has been substantially not different from that of those in former years. Where the inmates of unsound mind are not so numerous as to require wards for their accommodation apart from the ordinary inmates, nor of such habits or tendencies as to render necessary a treatment not commonly extended to all, the report is generally favorable. And this remark applies to a considerable number of the smaller country workhouses, where the few chronic inmates, employed with the rest in doors or in the garden and fields, frequently enjoying some indulgences of diet by the consideration of the medical officer, and having none of the infirmities incident to the more helpless forms of mental disease, are even less sensible than the ordinary pauper of the structural deficiencies of the house, are not depressed by the narrowness of the airing-yards or the comfortlessness of the day-rooms, and on the whole perhaps pass a less complaining life than any other class of the inmates. On the other hand, there has been also frequent favorable report from houses under quite different conditions, where, as in many of the larger towns throughout the kingdom, the inmates of unsound mind collected in the workhouses have become so very numerous as to require special arrangements for their accommodation; and, the principle being admitted of their claim to a kind of treatment other than that extended to the ordinary pauper, though the law admits no such claim, the result of the visitation by members of this Commission, and of the support given by the Poor Law Board to suggestions made by us which we have ourselves no power to enforce, has been to obtain from the respective boards of guardians more liberal arrangements, better dietaries, improved airing-courts, in some few instances careful medical records, and proper paid attendants. To such



beneficial results we shall have to remark, indeed, grave exceptions, and some have lost ground even in the past year; for workhouse arrangements exist always on sufferance, there is no authority to compel their continued observance, and what is done one year may be undone the next; but it is undoubtedly the case that the condition of patients, as a rule, will on the whole be found most favorable in the very small and the very large houses. Between these, unhappily, there exist the great mass of the union houses in town districts, where the numbers of insane poor detained in them are neither small enough nor large enough for the respective advantages indicated, and which are seldom, therefore, as a rule, accorded to them; where patients requiring asylum treatment are detained without anything of asylum comforts; where there are cheerless rooms, insufficient and incompetent attendance, a low diet, no records of the simplest kind, and no provision whatever of healthful exercise for the mind or the body.

The Commissioners express grave doubts of the working of the 8th section of the Lunacy Acts Amendment Act, 1862, which provided for the arrangement of licensed lunatic wards in the workhouses, with the view of relieving the county asylums of the continued pressure on their space. The difficulties which beset the practical operation of this clause render it in their opinion very doubtful whether it can be relied upon as a means of affording any great amount of relief to county asylums, or of enabling visitors properly to provide for their insane without building. The provision in the 8th section, that the arrangements in the workhouse for the reception and care of the patients sent from an asylum shall be subject to the approval of the Commissioners in Lunacy and President of the Poor Law Board, no doubt secures for them an amount of care which they otherwise had no power of insisting upon, and so far patients thus removed to workhouses are likely to be placed under more favorable circumstances than if sent (as many are) under the ordinary powers of discharge possessed by the visitors. Still, the Commissioners do not think that even if the difficulties as to the working of the clause of the Act above referred to should be removed by legislation or otherwise, it would be at all desirable to carry out its provisions on such a scale as would in some counties be necessary to afford any material relief to the county asylums.

They would, moreover, view the permanent extension of these arrangements as a decidedly retrograde step, so far as the legislative care and protection of the insane is concerned, and that its general adoption would not only be a great wrong and injustice to the patients themselves, but contrary to the provisions of the Lunatic Asylums Act, 1853, which required additional asylums to be built in counties and boroughs in which the existing asylums are inadequate. They apprehend that the provision of the 8th section of the Lunacy Acts Amendment Act was only meant to meet temporary pressure in asylums until permanent additions could be made, and not intended as a means of providing generally for the chronic lunacy of the country, or of relieving counties and boroughs from

the obligations imposed upon them by the Act to provide in other ways for their insane poor.

In contrast with these efforts to relieve the yearly overcrowding of the county asylums by the transfer of chronic and harmless lunatics to the workhouse lunatic wards, the Commissioners are of opinion that for these classes buildings of a simple style, intermediate in character between the workhouse and the asylum, and consisting chiefly of cheerful, spacious, and well-ventilated day rooms and dormitories, might be constructed at a comparatively moderate cost. Without, also, any diminution in the substantial comfort and well-being of the patients as respects clothing, diet, or care, they believe that the cost of maintenance would be less than in the county asylum, and need be little more than that in the lunatic wards of the best regulated workhouses. The disinclination which is naturally felt by many of the superintendents of asylums to sanction the discharge of chronic cases to workhouses would no doubt be considerably modified if proper receptacles were provided for them, subject, as they would be in every respect, to the protection of the existing lunacy laws, and under the direct management and supervision of the magistrates.

By this means, also, the Commissioners think that facilities would be afforded for relieving workhouses of cases which do not admit of being properly taken care of therein, more especially the idiots and certain of the epileptics.

3. *The Criminal Asylum at Broadmoor.*—In answer to the inquiries of the Visiting Commissioners as to the principles of selection of persons for custody and care at Broadmoor, they were informed that, in future, the admissions would be limited to the following three classes :—

1. Persons found insane on arraignment, or acquitted on the ground of insanity, whatever the nature of the offence.

2. Persons becoming or found to be insane while under committal for murder, and who have not been arraigned.

3. Convicts who have become insane after trial, and while undergoing sentences of penal servitude in Government prisons.

The Commissioners were further informed that no persons becoming insane while under sentence of imprisonment will henceforward be received from county or borough gaols; that all such cases will have to be provided for in pauper asylums; and that patients sent by order of the Secretary of State to such asylums will not in future be removed thence to Broadmoor, however dangerous they may have become.

Such exclusion from the State Asylum, however, as an invariable rule, of the classes last referred to, the Commissioners justly observe, would not be consistent with the intention of the Legislature, or

with one of the main objects for which a criminal asylum was built, namely, to relieve county and borough asylums by removing therefrom offensive and dangerous criminal lunatics, unfit for association with ordinary pauper patients by reason of their conduct and propensities, and requiring special custody and care.

4. *Metropolitan Licensed Pauper Houses.*—The Commissioners confine their observations in this report to those only in which pauper as well as private patients are received.

The numbers resident in them respectively at the last visit in 1866 were as follows:—Peckham House, 317; Hoxton House, 244; Bethnal House, 374; Grove Hall, 404; Camberwell House, 356.

The most favorable notice of these houses is given by the Commissioners to Camberwell House. The new wards recently constructed there having been completed and furnished in a very comfortable and suitable manner, and the management of the house having been satisfactory, they have consented, with a view of meeting the present pressure for asylum accommodation, to extend the licence for 15 male and 10 female additional patients, on the condition that there shall be a liberal staff of attendants and nurses in every part of the building.

Various neglects are complained of at Bethnal House, and the Commissioners observe that they “shall adopt stringent measures to prevent the recurrence of these irregularities.”

This report concludes with the official notification that among the changes of the past year are to be recorded the resignation of Mr. Samuel Gaskell, and the appointment, as his successor, of Mr. John Davies Cleaton, who for some years had been Medical Superintendent of the West Riding Asylum at Wakefield. It was matter of much regret to the Board that the state of Mr. Gaskell's health had become such as in his own opinion to render his resignation necessary. He had discharged the duties of a member of the Commission for upwards of seventeen years; and had rendered to it, with unsurpassed ability and zeal, services to which his previous knowledge and experience in lunacy gave peculiar value. The other vacancy in the Board, previously occasioned by the death of Mr. Robert Gordon, has been filled up by the appointment of the Hon. Dudley F. Fortescue, M.P., as one of the unpaid members of the Commission.

The appendix contains a curious correspondence between Mr. Baker Brown and the Commissioners relative to the (late) London Surgical Home. It is needless to slay anew the slain. Suffice it to say that Mr. Baker Brown had to receive and leave unanswered the following letter from the Board:—

Office of Commissioners in Lunacy,  
19, Whitehall Place, S.W.; 9th May, 1867.

SIR,—The Commissioners in Lunacy have received your letter of the 12th of April, with its inclosure from your solicitor, professing to explain what they had pointed out to you as a very painful discrepancy, between an assurance given to them by you in a letter dated in January, 1867, that the institution called the London Surgical Home was not open for the reception of females of unsound mind, and an announcement made by you in a book published in March, 1866, that females of unsound mind had been already received and treated in that institution.

Your explanation is, that you believed the Commissioners to be necessarily acquainted with the statement in your work, published in March, 1866; and that the inquiry they addressed to you, and which elicited the contradictory statement in your letter of January, 1867, was simply to ascertain whether any cases had been received since those mentioned in your book.

Nevertheless, even while supposing the inquiry to be so limited, you inform the Commissioners that you took advice with your solicitor before sending a reply, and *that the reply sent, distinctly stating that the institution was not open for the reception of females of unsound mind, and that in no papers published by authority had it ever been so asserted, was exactly in accordance, not with the facts, but with the advice your solicitor gave you.*

The Commissioners ought not, perhaps, in such circumstances, to express surprise that you should suppose *them* also capable, with a full knowledge of the facts contained in your book, to write to you as if those facts were in no way known to them. But they must inform you, in the strongest language they can permit themselves to use, that they would have regarded it as an unworthy deception to call upon you for a contradiction of a statement made by a reporter in the 'Times' newspaper, while they were content to leave uncontradicted a statement to the same effect made by yourself several months before.

Your present communication seems to imply that after the publication of your book you had resolved that no more females of unsound mind should be received into the Surgical Home; and hence, you now say, your reference, when first replying to the Commissioners, only to a single case. That case, however, the Commissioners must remind you, had previously become known to them by their personal examination of Dr. Grosvenor, who, for the last twelve months, had been House Surgeon to the Home; and, after referring again to your book, they cannot, on this or any other point, give more credence to your present letter than it has itself authorised them to give to the letters written by advice of your solicitor.

Of the six insane women treated by you in the Surgical Home, you assert in your book that five were cured; and in connection with these alleged cures you remark: "Of the permanency of the result I myself am fully satisfied, and I hope at a future time, by a much larger number of cases, to confirm others in the same opinion."

From this the Commissioners cannot but infer your intention then to have been, not to close altogether, but to open more widely to the insane an institution from which all the protection which the Legislature had given to that class is necessarily absent; and, presuming you to have had any doubt of what in that respect was required, they think that upon such a question of law, rather than upon the question of whether an inquiry as to a fact should be answered truly, you would have done well to obtain your solicitor's advice and guidance.

I am, &c.,

(Signed) CHARLES P. PHILLIPS.

I. Baker Brown, Esq.

## II. SCOTLAND.

The Report of the Commissioners in Lunacy for Scotland is addressed to the Secretary of State of the Home Department. It is by far the most carefully compiled of the three official reports, and contains an amount of statistical information which one looks for in vain elsewhere. It appears that of insane persons in Scotland, of for whom the Commissioners have official cognisance, 1,126 were supported by private funds, and 5,490 by parochial rates. At 1st January, 1865, the corresponding numbers were 1,076 and 5,392. There were thus, on the year, an increase of 50 in the number of private patients, and one of 98 in that of paupers.

The report commences with a variety of statistical tables as to the relations of mental disease in the several counties of Scotland. Our limits unfortunately forbid our entering on these questions. We quote one table of comparative statistics of great interest.

*Table\* showing the rate of Mortality in Scotch and English Asylums in the five years 1861-1865, on the average number resident :*

YEARS.	SCOTLAND.			ENGLAND.		
	Male Mortality.	Female Mortality.	Both Sexes.	Male Mortality.	Female Mortality.	Both Sexes.
1861.....	9.61	7.77	8.62	12.49	8.45	10.37
1862.....	10.58	8.64	9.55	11.67	8.14	9.81
1863.....	8.79	7.13	8.13	12.09	7.80	9.83
1864.....	8.73	7.40	8.16	12.67	9.31	10.94
1865.....	7.56	6.89	7.20	12.68	8.44	10.45
Average .....	9.05	7.56	8.21	12.32	8.42	10.28

The figures from which these results are deduced show that of every 1,000 patients who die in Scotch asylums, 512 are males and 488 females; and that of every 1,000 who die in English asylums, 567 are males and 433 females. In French asylums the average mortality for the years 1854-1866 was 14.03 per cent.; and the deaths of male patients were to those of females as 131 to 100.

These results show that the mortality in Scotch asylums will compare favorably with that in English and French establish-

\* Patients in parochial asylums and lunatic wards of poor-houses are embraced in the Scotch returns, but not in the English.

ments. The smaller male mortality in Scotland is particularly remarkable.

From another table it appears that the maintenance rate in the Scotch District Asylums is rather above the English, which, considering the inferior accommodation and lower scale of diet and of wages in the Scotch asylums, is certainly an argument in favour of the more economical management of large asylums.

This report further contains an admirable summary of the *statutory provisions for the care and treatment of lunatics in Scotland*. It is a clear analysis of the several Scotch Lunacy Acts, and must prove of material service to all engaged in the care and treatment of the insane in that country.

1. *Public and District Asylums.*—There are in Scotland 14 public and district asylums, which had a total population of 3,527 on the 1st of January, 1867. The distribution of the patients in these different asylums is shown in the following table :—

ASYLUMS.	Private.		Pauper.		Total.
	Male.	Female.	Male.	Female.	
1. Aberdeen Royal Asylum .....	62	61	114	149	386
2. Argyll District Asylum .....	...	...	62	65	127
3. Banff District Asylum .....	1	3	25	35	64
4. Dumfries Royal Asylum .....	98	52	131	121	402
5. Dundee Royal Asylum .....	24	28	55	61	168
6. Edinburgh Royal Asylum .....	111	114	225	247	697
7. Elgin District Asylum .....	9	6	29	28	72
8. Fife and Kinross District Asylum ...	...	...	88	85	173
9. Glasgow Royal Asylum .....	79	86	190	170	525
10. Haddington District Asylum .....	...	...	20	23	43
11. Inverness District Asylum .....	2	4	125	108	239
12. Montrose Royal Asylum .....	42	24	135	161	362
13. Perth Royal Asylum.....	37	24	...	...	61
14. Perth District Asylum .....	7	15	95	91	208
Totals .....	472	417	1294	1344	3527

The general tenor of the reports on the condition of these asylums is most satisfactory.

New districts asylums are building, and will shortly open for the district of Ayr and Stirling. The district of Roxburgh is negotiating for a site near Melrose. The district of Renfrew has hitherto done its best to shirk its obligations to provide public treatment for the insane poor.

The proportion per cent. of the total number of days of maintenance in the various kinds of establishments and in private

dwelling in the seven years 1859-1865 is shown in the following table:—

	1859.	1860.	1861.	1862.	1863.	1864.	1865.
In Public and District Asylums .....	35·4	37·2	38·9	39·2	41·0	41·5	42·6
In Private Asylums .....	12·0	12·2	12·3	12·6	12·0	11·1	9·8
In Parochial Asylums and Lunatic Wards of Poor-houses .....	16·3	16·2	16·0	16·2	15·7	16·9	18·2
In Private Dwellings.....	36·2	34·2	32·7	31·9	31·2	30·4	29·3

The most notable features of this table are the steadily-increasing proportion of patients under treatment in public and district asylums, and the corresponding steady decrease of that of those in private dwellings.

2. *Parochial Asylums and Lunatic Wards of Workhouses.*—There were on the 1st of January, 1867, 441 patients in the five parochial asylums of Glasgow (2), Paisley (2), and Falkirk, and 566 in the lunatic wards of the workhouses. The general condition of these patients was good in the parochial asylums, and pretty fair in the workhouses.

3. *Private Asylums.*—The private asylums of Scotland are twelve in number. The following table shows the average number there resident in 1866, with the mean annual mortality:—

LICENSED HOUSES.	Average Number Resident.		Proportions of Deaths per cent. on Number Resident.	
	Male.	Female.	Male.	Female.
1. Campie Lane House .....	19·5	20·5	10·2	14·6
2. Garngad House.....	43·0	33·0	11·6	3·0
3. Gilmer House .....	17·0	8·0	...	...
4. Hallcross House .....	29·0	44·5	13·7	17·9
5. Hawkfield House .....	7·0	10·0	...	...
6. Longdale House .....	54·0	58·0	1·8	10·3
7. Millholm House .....	56·0	89·0	10·7	7·8
8. Newbigging House .....	28·0	43·5	10·7	7·6
9. Saughton Hall .....	25·0	28·0	28·0	21·4
10. Somerside House .....	...	19·5	...	...
11. Tranent House .....	10·0	17·0	20·0	17·6
12. Whitehouse .....	14·0	31·5	7·1	...
Total .....	302·5	407·5	10·2	8·5

In this table it should be remarked that Saughton Hall and Hallcross Hall each lost four patients by cholera in this year (1866).

4. *Single Patients (the insane in private dwellings).*—"In Scotland," observes the English Commissioners in their present report, "the practice of placing the harmless and incurable insane poor as single patients in private houses has been followed for some years, and is considered to work well. In the year 1859 as many as 1,877 were thus boarded out; since which period the numbers have gradually diminished, and in the year 1866 they had fallen down to 1,568, while those in asylums had increased in number. These patients are visited annually (or in special cases more frequently) by the two deputy inspectors; and since this has been the practice their condition appears to have considerably improved. The application of this system, as a means of relieving the asylums in England and Wales of their harmless chronic patients, and thus providing for the reception of recent and curable cases, has been strongly advocated in some quarters; the fact, however, being apparently overlooked, that there are here already upwards of 6,600 of pauper insane so residing either with their friends or with strangers as single patients. The amount of out-door relief given to these patients varies considerably, according to the circumstances of individual cases, but is often too low to ensure for them the care and amount of food they require.

"Under the 66th section of the Lunatic Asylums Act, 1853, single pauper patients are required to be visited once a quarter by the medical officer of the parish or union, who is to prepare a list containing the name, sex, and age of the patient, and the form and duration of the mental disorder; stating also if the patient is idiotic, whether so from birth or not, where and with whom resident, the date of his visit, in what condition the patient was found, and whether ever restrained, and, if so, why, by what means, and how often. The medical officer has also to declare whether the patients are properly taken care of, and may properly remain out of an asylum. These returns are carefully examined in this office, and steps are promptly taken to inquire into any cases of an unsatisfactory character; and if there is reason to suppose that they are unfit to be under single care, or are neglected or improperly treated, steps are at once taken to have them removed to asylums. *We have strong reasons for doubting whether the system could advantageously be extended so as to afford any material relief to the county asylum, or that it works so satisfactorily in this country as to render its more general adoption at all desirable.*"

The Scotch Commissioners print, in Appendix F, reports by Drs. Mitchell and Paterson of their visitations of single patients in



private dwellings. This duty was performed in 1866 by one of the Commissioners as well as by the two Deputy-Commissioners. Dr. Browne visited most of the counties south of Edinburgh. Why are his reports to the Board not published in Appendix F, together with those of Drs. Mitchell and Paterson, in farther illustration of the real condition of these single patients? There is a *couleur de rose* tint spread over the pictures annually drawn by Dr. Mitchell, and Dr. Paterson rather follows in the steps of his colleague.

The following extract from Dr. Mitchell's report is an illustration of the remark just made as to glowing tints in which he paints the condition of the patients visited by him :—

Some of the patients transferred from asylums to private dwellings have shown a high appreciation of the freedom accorded to them. One woman, for instance, who is in a house with a special licence, happens to belong to the English Church, and she has travelled alone to the chapel, which is between two and three miles from her residence, nearly every Sunday for the last three years. She takes an interest in the affairs of the congregation, and is well known to the clergyman and to many of those who worship with her. Her relatives often visit her; one of them remained several days, and, during that time, shared the patient's bed. These visits she is allowed to return. She is an industrious worker, and, being an excellent needle-woman, is profitably employed. She still believes that she has personal interviews with the Apostle Paul, and she has other delusions of a like nature; but she is very inoffensive and manageable, and requires no more costly or complicated provision for her comfort and safety than that which has been made in the clean, tidy cottage of a respectable woman, who devotes her whole time to the two patients committed to her care.

I could easily multiply pleasing pictures of this kind, for there are many parallel cases. It would be a mistake, however, to conclude that such pictures were anything but exceptional, for the great majority of all pauper patients in private dwellings, whether they be or be not transferences from asylums, consist of the fatuous and the idiotic; that is, of mindless persons whose appreciation of liberty cannot be so great or so strikingly shown. Patients in this condition, I think, should always constitute the majority of single patients. They have been found in practice to be the most suitable. If freedom, a kindly guardianship, a good bed, and a sufficiency of plain food and clothing are secured to them, there is little if anything more to be desired. They will find more to interest them in the every-day occupations of cottage life than they could in any large establishment. What goes on there, and what they see there, come more easily within their comprehension and interest, and they have a pleasure in feeling that they have some little share in it all, and that personality is not lost. Their occupations and amusements may be more commonplace than in asylums; but they are not necessarily the less useful on that account. The cottage kitchen is an ever-shifting busy scene, and it would not be easy to imagine a tranquil pauper patient, passing from acute disease into incurable imbecility, more favorably situated than at its fireside, where the surroundings are natural and the influences healthy. I think I am justified in saying that, for such a case, it would be difficult for the day-room of any asylum to furnish conditions so favorable, or more likely to arrest the further destruction of the mind. Such a reflection as this has often occurred to me during my visits to the insane in

private dwellings, and I have often been led to it by hearing the parochial medical man remark that he thought there was a *less manifest* stupidity about the patients than he had at first observed.

The distribution and results of this visitation of single patients in Scotland is given in the following table :—

	Dr. Mitchell.	Dr. Paterson.	Dr. Browne.
Number of Pauper Patients Visited .....	647	647	352
"    Private .....	61	7	12
"    Patients Unvisited .....	6	5	6
Recommendations made :—			
Of removal to Asylums or Poorhouses	17	11	9
Of change of Guardians or Residence	21	12	7
Of assistance in Guardianship .....	2	6	9
Of supplies of Bed or Body Clothing...	65	158	105
Of increased Alimentary Allowance ...	19	28	35
Of greater attention to Cleanliness ...	4	11	15
Of more attention to keeping of Medical Registers.....	13	50	33
Of a miscellaneous nature .....	46	38	52
No recommendations considered necessary .....	346	333	142

The above table contains much interesting matter. Dr. Mitchell's district seems to require fewer recommendations for improvement than either of the others. It strikes one as curious to see the small number to whom suggestions of greater attention to cleanliness were required. Our knowledge of the interior of the cottages of the Scotch peasant would have led us to a very different result. English and Scotch standards of cleanliness perhaps differ more than we had remembered.

One remarkable fact certainly comes out from these Scotch reports, viz., the low rate of mortality found under this system; probably the lowest rate of mortality on record among the insane poor. The mortality among pauper lunatics in private dwellings in 1865 was as follows :—

Average Number of Patients in 1865.			Deaths.			Mortality per Cent.		
Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.
696·0	892·5	1588·5	30	55	85	4·3	6·1	5·3

The average cost of maintenance of these patients has risen from 5*d.* to 6½*d.* a day, Dr. Mitchell tells us.

## III. IRELAND.

The sixteenth report of the Irish inspectors is addressed to the Lord-Lieutenant. The inspectors congratulate themselves that no case of cholera occurred in any of the public asylums in Ireland, at a time when a serious invasion of the disease appeared in the country, and affected the general health of the population at large. They addressed the following circular to the superintendents of the several asylums on the first outbreak of the disease :—

*Circular relative to Precautionary Measures against Cholera.*

Office of Lunatic Asylums, Dublin Castle;  
4th August, 1866.

SIR,—I am directed by the Inspectors to inform you that it is their desire that in all public lunatic asylums every precaution shall be taken to guard against cholera, of which serious apprehensions are now entertained, so that in case it should break out in the asylum under your charge, you may be enabled to meet it as promptly and effectually as possible.

You will, therefore, be most attentive to all symptoms indicative of diarrhoea among the patients, and consult thereon with the Visiting Physicians.

With reference to dietary and clothing generally, the Inspectors think that you and your colleague should consult for the purpose of making such alterations as you may deem most advisable, and communicate with the Inspectors thereon.

They are further desirous that once in each week, viz., on every Monday, you send up a report to this office of the sanitary state of the asylum.

With reference to isolating patients who may be affected with cholera—when no regular infirmary exists—you will prepare an airy and suitable apartment expressly for their reception.

I am, Sir, your obedient servant,

(Signed) W. J. CORBET, Chief Clerk.

To the Resident Medical Superintendents of  
District Lunatic Asylums.

1. *The District Lunatic Asylums.*—The inspectors proceed to present an interesting statement relative to the condition of each of the district asylums now open in Ireland. These asylums are nineteen in number, viz., Armagh, Ballinasloe, Belfast, Carlow, Castlebar, Clonmel (Parent Asylum and Additional Asylum), Cork, Kilkenny, Killarney, Letterkenny, Limerick, Londonderry, Maryborough, Mullingar, Omagh, Richmond, Sligo, and Waterford. They furnish in all 5,397 beds.

The inspectors in table 24 furnish a detailed statement of the names and salaries of the principal officers of these district asylums. Each of them continues to bear the ornamental burthen of a visiting physician, at a cost of £100 a year each. Yet nothing can be more detrimental to the efficient discharge by the resident medical

superintendent of his onerous duties than the visits of physicians with position and authority, which necessarily must clash with and hurt his own, and this in a position where imperial despotism can alone ensure success. The office of assistant medical officer is unknown in the Irish asylums, and a grievous loss to the patients and superintendent this want must prove. An apothecary at £50 a year, *without any allowances*—a mere dispenser, therefore—is supposed to replace this officer on the asylum staff. The asylum matron—a species dying out in England—flourishes side by side in Ireland with the visiting physician; their average salaries exceed £100, with allowances, which for Ireland is a high salary.

The unhappy religious divisions of the country require the appointment of two chaplains to each district asylum, a Roman Catholic and a Protestant, except at Letterkenny and Waterford, where there is only a Roman Catholic chaplain. Armagh and Belfast do not appear to have either. On this subject the inspectors observe in their report :—

We find it difficult to reconcile to ourselves how gentlemen of the high social position and education possessed by the Belfast Board can be so persistent in their opposition to the appointment of ministers of religion to attend to the members of their own flocks, while deprived by the confinement consequent on their mental maladies from giving voluntary attendance to their religious duties, and more especially to public worship, which is so marked and so commendable a characteristic of the people of this country, to whatever sect they may belong.

We again recur to this subject, not from any spirit of opposition to the wishes of the Board, but because the weight of evidence goes to prove the immense advantages resulting to the insane from religious services and congregational worship in other asylums. We could quote opinions without number from the very highest authorities to that effect—else to what use have places of worship been provided in all the asylums of the present day. The position of the majority of the Belfast Board is therefore perfectly untenable, and, we say it with great respect, places them in the predicament of maintaining that while they are right in their views the rest of the world are altogether wrong.

We trust, however, that public opinion will remedy what is felt to be an intolerable hardship, particularly by those who believe it is a religious obligation to assist at Divine service on Sundays, and that a clause will be inserted in the next Act of Parliament on the subject.

The average weekly maintenance cost in the Irish asylums is 9s., which appears high when contrasted with the superior accommodation, diet, and treatment afforded in the English county asylums for the same charge.

The tables furnished in this report present a good deal of information relative to the history of the district asylums in 1866, but they are ill-arranged, and present important omissions. Thus, the absence of all information as to the mean population resident prevents our calculating the mean annual mortality. Again, there

is a carelessness in compilation, as in table 23. A little more trouble on the part of the office clerks would there have given us information as to the relative proportion of single beds and dormitories in the district asylums. At present the figures are only massed together. Other of the tables might readily be a little clearer in form.

*2. The Insane Poor in Workhouses and Gaols.*—The inspectors remark that they have had no special cause of complaint as regards the care and treatment of the insane inmates of the poorhouses visited by us during the year, with a few exceptions.

The total number of cases of mental infirmity in workhouses on the 31st December, 1866, was 2,748, as against 2,733 at the end of the previous year. Of these 866 are simple lunatics, and in 224 cases epilepsy is combined with lunacy, giving a total of 1,110, of whom 719, or nearly two thirds, were females. The idiot classes number 1,638—696 males, and 942 females—and of these 1,145 are simple idiots, and 493 are subject to epilepsy as well.

With regard to the insane in gaols, the inspectors further observe :—

The general subject has been so frequently dwelt upon in our reports, that it would be mere repetition to enter further upon it here. We may, however, observe, as the result of previous representations, that already 19 out of the 39 prisons in Ireland have been returned as without a lunatic prisoner at the end of the year; 5 contained 1 each only, 4 had from 2 to 5, the remaining 11 gaols having an average of 29 insane inmates.

The reduction in the number confined in gaols, which we have now the satisfaction of reporting, is principally owing to the accommodation supplied by the new asylums at Letterkenny and Castlebar, the opening of which enabled us at once to relieve the gaols of both those districts of all their insane inmates.

In fact, one of the objects to which we have mainly devoted our attention for many years, is the removal of lunatics from prisons; and we look forward with unqualified satisfaction to the arrival of the time, now not distant, when the further accommodation at present being provided at Ennis, Downpatrick, Monaghan, and Enniscorthy, by the erection of district asylums at those towns, together with some other extensions under consideration, will effect a general clearance of the lunatic inmates, leaving the prisons free to be devoted to their own special uses, no longer incommoded by the disturbing element of insanity, for the treatment of which no suitable provision exists in them, and which therefore embarrasses the officials, and unavoidably interferes with the regular discipline of those places.

Moreover, institutions of a punitive character must in general exercise an injurious influence upon the mentally affected; though at the same time we are bound to record the fact that very many persons are discharged from them cured of insanity, from the restraint put upon their freedom of action, coupled with the judicious medical treatment which, under such advantageous circumstances, they receive while in custody.

*3. Central Asylum for Criminal Lunatics.*—The numbers in this asylum on the 31st December, 1866, were 87 male, 45 female, total

132. The working of this institution, say the inspectors, to which, being placed under our immediate, or we might say our exclusive, control, our attention is given in a special manner, continues to be highly satisfactory. Standing in the position occupied by Boards of Governors with respect to district asylums, the functions exercised by us in regard to its affairs are in every way similar, the estimates being framed, contracts for supplies obtained, and the accounts vouched monthly by us, in addition to our inspectorial duties.

4. *Private Asylums.*—There are 293 male and 320 female, total 613, patients in the twenty private licensed houses in Ireland. The inspectors exercise great vigilance in the supervision of these asylums. They view the whole system, however, with marked disfavour. “In our last report we referred in general terms to imperfections to be found in these institutions, observing that ‘such faults are indigenous, and clearly traceable to inherent defects in the system, so that all we can do under such circumstances is to continue our efforts to ameliorate by constant supervision the condition of lunatics in private asylums.’ These remarks are still applicable, and will continue to be so while the present system exists.”

Of patients boarded in “private dwellings,” the inspectors appear to have little or no information whatever. Of unlicensed houses they record the following:—

In one instance a medical gentleman of respectability had two persons residing with him whose mental condition was such as to necessitate their being placed under medical treatment, and at the same time under certain restrictions as regards their freedom of action. The case was submitted for the opinion of the law officers, who decided that the house should be licensed, and Dr. Bewley, the proprietor, has accordingly sought for a licence, which will be issued to him at the next quarter sessions.

In another instance we ascertained that a farmer residing in the county Wicklow, had several insane persons in his house under the name of lodgers, and on inspection we found such to be the case, three persons, 1 male and 2 females, being located therein. He seemed quite unaware of the requirements of the law, and as the parties appeared to be *well cared for and comfortable*, we did not think it necessary under the circumstances to call for a prosecution for breach of the Act. *One of the females, a young unmarried woman, was discovered to be pregnant*, but on investigating the circumstances we could find no clue to her seducer. We of course caused the removal of all three immediately, and regret to add that the female in question, who was taken away by her friends, died, as we were informed on inquiry, during parturition.

The inspectors look for the remedy of these evils through the provision of middle-class asylums. “It is,” they say, “a matter of the utmost difficulty to obtain information relative to persons of the class above referred to, who are either residing with their relatives, or living as lodgers in the houses of strangers, and who would probably be placed in private licensed houses but for the inability or

unwillingness of their friends to incur the expense. We have no doubt that if intermediate asylums existed in which they could be maintained at a reasonable rate, very many lunatics above the rank to which the inmates of district asylums ordinarily belong, would find their way into them."

C. L. R.

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*The Care and Treatment of the Insane Poor, with special reference to the Insane in Private Dwellings.* By ARTHUR MITCHELL, M.A. and M.D. Abdn., F.R.S.E., &c., Deputy Commissioner in Lunacy for Scotland.

IN his address as President of the Medico-Psychological Association Dr. Robertson discusses the various modes of making public provision for the insane poor; and one of the three modes which he recommends is that of disposing of a certain number of them in private dwellings.

In examining the merits of this system, the experience and practice of Scotland receive much attention, one half of all, he says on the subject, having reference to what has been done or written in that country. He is also good enough to attach considerable value to an official statement of mine, which bears on the question, and part of which he quotes. It appears to me, however, that Dr. Robertson's statements and remarks do not exhibit the true aspect of the case in Scotland, and are calculated to mislead; and I am, consequently, induced to offer some comments on them, derived from the opportunities of observation which I have possessed.

The address recognises the principle that the insane poor are not to be provided for in one inflexible way. Provision is to be made for them according to their requirements, and it is admitted that these vary. The management of insanity is not to depend on its name, but is to be determined by the varying needs of those labouring under it. *Asylums, poorhouses, and private dwellings* are accordingly sanctioned and recommended; and among them Dr. Robertson says that the whole of the insane poor may be distributed "with due consideration of all their claims and requirements."

Common sense recommends the principle which underlies these views as a sound one, and this deliverance of that excellent judge is confirmed by all we know both of mental disease and of diseases generally.

Without formal acknowledgment, perhaps, but still in fact, the principle is a guide of action with all physicians engaged in the treatment of insanity. One patient, regarding whom advice has been asked, is removed at once to an asylum, another is sent to travel, another is taken from home and boarded with strangers, another is left among his friends, and so on—the counsel given to different patients being regulated by differences in their condition and circumstances. The very statutory certificate on which a lunatic is placed in an asylum recognises the same principle, since it is necessary that it shall not only certify the person to be of unsound mind, but also that he or she is a fit and proper object for care and treatment in an asylum. Our whole laws, indeed, (for England and Scotland both, though not equally) rest on the idea that some of the insane may properly be left out of asylums, and they accordingly make provision, more or less effective, for the protection of such patients.

If Dr. Robertson's scheme for the care and treatment of the insane poor rises from a foundation so widely approved of and so secure, what room is there for any comment but such as is favorable, and what need is there of that? None, I reply, were it not that the address has another distinguishing feature. It blows both hot and cold; says yea and nay almost in the same breath; gives with one hand and takes away with the other; approves and condemns without apology or explanation—thus involving the author in puzzling inconsistencies, and leaving the reader *nowhere*.

Baron Mundy declares the address to be “a protest against indiscriminate sequestration” of the insane, and there is a great deal in it to justify that strong view of its character. Yet, if he had called it a *plea for*, instead of a *protest against*, I am not sure that he would not better have designated the first impressions of most readers. Last impressions, of course, will derive their character from the fact that the residence of a certain and considerable number of the insane poor in private dwellings is sanctioned and recommended.

The views which Dr. Robertson expresses will be gathered, I think, from what follows.

He makes frequent allusion to “harmless and incurable lunatics” and to the “chronic and harmless stages” of mental disease, and points out clearly that asylums are only needed for the “majority” of the insane.

One fourth of their whole number, indeed, he says, may be provided for in poorhouses,\* “with due consideration of all their

\* *Poorhouse* will be used in this communication instead of *workhouse*. There is something unpleasant in speaking of providing for the insane in a *workhouse*.



claims and requirements," and "with satisfaction to themselves and their friends."

He then further disposes of 15 per cent. of their number in private dwellings. "I am very far from asserting the opinion," he says, "that all the insane poor without exception ought to be treated in the county asylum or in the workhouse. A certain proportion might, *with increased enjoyment of life*,\* be restored to their own families;" and he elsewhere tells us that there are patients now in asylums who "might certainly, under proper restrictions, be restored" to their homes.

Something of the nature of the "*increased enjoyment of life*" to which he here refers, we learn from a statement he elsewhere makes to the effect that, with a certain class of patients, "mixing with persons of sound mind is a comfort much appreciated, as also the greater freedom, the facility of visiting old friends and associations, and such like."

But it would not simply be a certain number of the insane who would derive happiness from the operation of Dr. Robertson's kindly views, for he feelingly tells us that "great comfort would result to many families in having their afflicted loved ones again with them." Both the patients and the friends of the patients would thus be benefited; and this is not yet all, for the advantage would extend to the asylums themselves. By adopting this home treatment, Dr. Robertson says that "*the confidence of the poor in the authorities of the asylum would be greatly strengthened*." This important statement may be appropriately linked to another from the same pen, which tells us that asylum populations "include a large proportion of incurable lunatics, *whose treatment, speaking generally, is a matter of organized system rather than of individual observation*." This opinion differs considerably from what we sometimes hear about the soothing, healing, and elevating influences which flow to *every patient, in every asylum*, from constant personal intercourse with the physician at the head of it, who, however great his kindliness, and zeal, and skill may be, is thus credited with performances which are impossible, and which Dr. Robertson says are not real. The days of no man are fuller of good deeds than are those of an asylum physician, and the discharge of no duties involves a greater abnegation of self than does the discharge of his; but when we read "of the forbearance, the outpourings of kindness, and attention and adroitness, if not the delicacy, required and positively exercised towards the insane by their guardians, *even in the worst asylums*,"† and when we remember that these words have particular reference to patients in the chronic stages of

\* The italics are not Dr. Robertson's.

† Journal of Mental Science, vol. xi, p. 279.

mental disease, and are intended to cover asylums of all classes, we should instinctively feel, if we did not actually know or had never been so told, that this is an overshooting of the mark. An admission like that made by Dr. Robertson more correctly states the fact, nor is its doing so inconsistent with the highest possible praise of the medical management of our asylums.

I am half inclined to think that Dr. Robertson will be surprised to find that he has uttered all these good and sensible things. I count, indeed, upon his gratitude for having reproduced them, and hope I have succeeded in showing that, in recommending a certain number of the insane poor to be disposed of in private dwellings, he has been guided by views which are sound. He finds, for instance, in asylums a number of patients whose removal to private dwellings would, in his opinion, be attended "with increased enjoyment of life;" and of course he does all that in him lies to effect their removal. He believes, further, that in doing this he will confer a pleasure on the friends of the patients, and will, at the same time, effect the desirable end of strengthening the confidence of the poor in the authorities of the asylum. To better the lot of the patient, to give a proper pleasure to his friends, and to cultivate the confidence of the poor—in the hope of accomplishing such things as these, he recommends the return of the patient to his home; and he does it all the more readily, perhaps, that the treatment of the patient, if he remain in the asylum, will be "a matter of organized system rather than of individual observation."

At various times and from various quarters opinions of a character not unlike the foregoing have been expressed in Scotland. Attention to the subject was first awakened by the appearance of a series of articles in the 'Scotsman' newspaper. Since that time the annual reports of the Commissioners in Lunacy have contained many clear expressions of their views on this important subject. By these views entirely has the Scotch practice been regulated, and everything I have myself written I believe to be in substantial accord with them. That a certain number of the insane poor, carefully selected and under proper restrictions, may be satisfactorily provided for in private dwellings, is the opinion held and acted on by the Scotch Board, and it will be found to rest on considerations very much like those which have pushed Dr. Robertson to the same conclusion. Yet, with a curious inconsistency everything that has been done and said on this matter by the Scotch Board receives from him a wholesale condemnation, delivered in an off-hand and summary, but excathedral style. Some reasons for this condemnation are of course assigned; but I think it will be easy to show that they are either founded on misapprehension or may be resolved into a way of putting things, which prejudice tempts

the best of men occasionally to adopt, giving no immunity even to presidents.

It seems to me that I shall be best able to show this by taking up point after point, without an embarrassing regard to connectedness in their order. And if, in the course of what I am led to say, I succeed in disclosing the scope and nature of what has been called the Scotch system more fully than has yet been done, I hope that I shall have accomplished a task of some usefulness.

I. In my last general report to the Commissioners I stated, as the result of experience, that the *majority* of single patients should always consist of "the fatuous and idiotic," and Dr. Robertson says that the very "existence of the system is condemned by this official admission."

With reference to this, on the threshold, I think all will agree that my personal opinions on this subject may be either right or wrong, without affecting the existence of a system over which no man can have any such summary power of life and death.

The paragraph from which Dr. Robertson quotes follows the narrative of a case of delusional insanity, in which the "increased enjoyment of life," after removal from the asylum, had been very apparent and very strongly expressed; and it was written to point out that such cases were exceptional, and to prevent misunderstanding.

I adhere to every word of my statement, which embodies an opinion the result of actual observation, but which has no such peculiar weight as that now given to it; and I beg to point to the Eighth Report of the Scotch Board for a fuller expression of my views on the subject.\*

But, before leaving the point, let us see what there is in the statement which is so fatal. It certainly is a fact that a considerable

" \* \* \* \* The forms of disease which, in my experience, have been found to be most suitable for care in private dwellings are idiocy, imbecility, and dementia; and of the existing single patients more than 80 per cent. labour under these forms of insanity—60 or 70 per cent. being idiotic or imbecile. The class sometimes spoken of as the "semi-insane" do not as a rule prove easily managed in private dwellings, nor do those patients labouring under "delusional insanity," especially if the delusions be those of suspicion. In the class of cases which I have found to be most suitable, the unsoundness of mind is well marked, but in the direction of weakness or destruction rather than of perversion of the mental faculties. Their mental state should be one of defect rather than of disease, and should be a settled and well-established condition, and not a progressive or changing one. So far as mind goes, their condition should as much as possible be one simply of *loss*, or *want*, or *void*; and such patients are to be found among idiots, imbeciles, and dementa, that is, among the *fatuous*; for idiocy and imbecility may properly be regarded as the fatuity of infancy or youth.

"What I have said neither supposes that all the fatuous can be properly man-

majority of the insane in private dwellings in Scotland may be tabulated under the headings of the demented and idiotic; but is not the same thing true also of the 6,638 single patients in England; is it not true, also, of the 132 single patients in Sussex; is it not true, also, of the inmates of poorhouses, and is not the truth of all this known to Dr. Robertson? With reference to the 6,638 single patients in England, does he not say—"They are chiefly cases of idiocy and dementia?" With reference to the single patients in his own county, does he not say—"They are chiefly idiots?"\* With reference to the lunatic inmates of the ordinary wards of poorhouses, does he not say that the "majority" are "idiotic and demented," and does he not also say that "the idiotic and demented patients in those houses are placed in as favorable conditions of existence as is necessary for their well-being?" Does he anywhere point out that there is a fatal and fundamental mistake in selecting these classes of the insane poor for what he calls the more domestic treatment? He does this nowhere, within my knowledge, and he certainly does not do it in his address, till, beginning to speak about Scotland, he writes as follows:—"I would just ask you to recall the demented and fatuous inmates of one of our county asylums, with their depraved habits and many wants, and to remember the daily, hourly care required to keep them decently clean, and to retain some faint image of humanity and civilisation about them, in order to realise what their condition must be when all the costly remedial agents of the asylum are once withdrawn." This, of course, is true of a certain number of the idiotic and demented; but of some of them, is it not a fact that little, or next to nothing of it is true—there being many degrees and many forms of dementia and idiocy, some giving great, and others but little difficulty in their management?

Dr. Robertson does not propose to interfere with the present 6,638 single patients in England, unless by sending some patients out of asylums, and so adding to their number. This crowd of single

aged in private dwellings, nor does it entirely exclude other forms of mental disease from such a mode of care and treatment. There are idiots, imbeciles, and demented, who require an asylum for their proper care, and others who do not; and so also of the other forms of insanity. But the number of idiots, imbeciles, and demented, who do not require this care, who can be comfortably and satisfactorily provided for in private dwellings, and whose state is permanent and irremediable, will always be and is considerable; while of those labouring under the other forms of insanity the number so situated will always be and is comparatively small.

"The class, therefore, which my experience has shown to do best in private dwellings is that class which it is often desirable to remove from asylums, either to obtain space or to check excessive accumulations. \* \* \*"—*Eighth Annual Report of Scotch Commissioners in Lunacy*, Appendix, p. 240.

\* *Journal of Mental Science*, January, 1865, p. 478.

patients, therefore, will still consist "chiefly of cases of idiocy and dementia."

It will be found, also, that Dr. Robertson, in objecting to the idiotic and demented as proper classes for home treatment, omits to tell us what the proper ones are ; while, by clear inferences, he actually gives his approval to the improper ones.

When the whole of his scheme becomes a reality, we shall have in England 8,250 pauper lunatics in private dwellings, and I venture to predict that it will be found, then as now, that the idiotic and demented constitute the great majority.

II. Objection is taken to the fact that we have 28·5 per cent of our pauper lunatics in Scotland in private dwellings, which, it seems, ought to be 15 per cent., as is now and ought ever to be the case in England.

The history of the Scotch number is briefly this :—In 1855 there were 1363 single pauper patients, or 32 per cent. of all pauper lunatics ; in 1859, under the operation of the Lunacy Law, the number had risen to 1877, being an increase of more than 500 ; in 1866 the number had fallen to 1568, being still 200 above the original number, but constituting only 28·5 per cent. of all pauper lunatics. Of the original 1363 and the additional 514 whom the inquiries of the Board brought to light, a considerable number were improperly kept in private dwellings, and were removed to asylums at the instance of the Board.

Dr. Robertson gives the proportion for England at 15 per cent. He gives no reason whatever for adopting this proportion except that it is the one which presently exists. The 25 per cent. for poor-houses he seems to recommend because it is and was, and the 15 per cent. for private dwellings because it is and was not. *Sic volo, sic jubeo, stet pro ratione voluntas*,—on that footing we are to accept these hard and fast lines, unpopular though such lines have lately been, and inapplicable though they always are to questions of medical and social science.

The operation of such a system as that under discussion is not to be regulated by a prearranged per-centage. On the contrary, the per-centage must be determined by the number of suitable cases and the power of providing for them satisfactorily. All those patients whose well-being and happiness will be increased by being at home, for whom a comfortable and safe provision can be found there, and whom asylums cannot benefit, should be left at home or should be sent there, whether their proportion to the whole number of the pauper insane be 10, or 15, or 20 per cent. And in practice it will always be found that the per-centage is one thing in one

country and another in another; one thing even in one parish and another in another; and such differences will be proper ones, arising sometimes from accidental causes, and sometimes from causes of more fixity or permanence, such, for instance, as may be involved in the habits or in the circumstances of the people.

I have before me the published report of a country parish, liable for the maintenance of 18 lunatics, who are as 1 to 232 of the population. Of these patients 9 are in asylums and 9 in private dwellings, that is, 50 instead of 15 per cent. A variety of circumstances combine to bring this about and to make things possible in that parish which are impossible in others almost adjoining.\* For example, 9 of the 18 patients happen to be suitable; relatives and friends of the patients, with comfortable homes, are found willing to be guardians; the Parochial Board takes a liberal view of its obligations in these cases; the medical officer and inspector of the poor are interested in making arrangements to satisfy the Board of Lunacy; and the circumstances and occupations of the people of the parish are favorable. All these and other things combine to give the result I have stated, but if any one or two of them were changed we should immediately have a different result, reducing the proportion, perhaps, even below 15 per cent.

This same parish furnishes in another way an illustration of how widely the operation of the system may be influenced by local and other causes. One of the nine patients left at home was at first regarded as of doubtful suitability, but a well-considered and liberal arrangement for her comfort and safety was made by the parish, and for many years she has done well. In other words, the very range of suitability seems capable of being widened by good management.

As yet, indeed, we know little of the extent to which the system may and should be worked; 15 per cent. may be found generally too high, while, on the other hand, it may be found safe to go as far as 30 per cent., or beyond it. Very much will depend on the spirit and way in which the trial is made. Where failure is desired there will not be much chance of success. It will be very easy, indeed, to secure failure, if that is wanted, for even the most earnest and honest desire after good results will assuredly encounter at the outset a multitude of difficulties and discouragements, which will neither soon nor easily be removed. Hitherto in no country has a full and fair trial been made. More, however, has been done in Scotland than anywhere else, though the difficulties and hindrances there have not been few. Still more, I trust, will yet

\* In the very next parish, out of five patients in private dwellings four were removed by the Board to an asylum.

be done, since already the general result leaves no doubt as to the propriety of allowing a certain number of the insane poor to remain at home, and as to the possibility of increasing their number. It will be difficult, indeed, to say that we have reached the limit so long as there is one "harmless and incurable" patient in an asylum, whose removal to his home would be productive of "increased enjoyment of life."

III. "The amount of the official inspection they receive cannot be worth much." This is what Dr. Robertson says of the single patients in Scotland, and he goes on to describe the nature of that inspection, but not quite so correctly as I think I shall be able to do.

"Patients in private dwellings are visited by a medical man at such intervals as the Board shall determine ; and it is directed that at each visit an entry shall be made in a book, kept in the house for the purpose, of the date of each visit, and of the mental and bodily condition in which the lunatic was found. As a rule, these visits are required by the Board once a quarter. By the Poor Law Act it is further provided that every pauper shall, unless under certain exceptional circumstances, be visited at least twice a year by the inspector of poor or his substitute. By the authority of the Board, every patient in a private dwelling is directed to be visited by one of the Commissioners or Deputy-Commissioners once in every year, unless such dwelling shall be situated in Orkney or Shetland, or the Western Islands, when, owing to the difficulty of communication, a biennial visit only is required."\*

In exceptional cases, the visit of the parochial medical officer may be ordered to be made monthly or fortnightly. In like cases the visits of the Commissioners or Deputy-Commissioners may be two, three, four, or five in a year. In addition to these official visits, there is also that daily and constant inspection which arises from the fact that every one going into or passing the cottage in which the patient resides, sees him, and care is taken that he is such a one as this may be true of. The selection is made with the knowledge, in the first place, that the Board may order his removal to an asylum if the guarantees for proper treatment be not deemed satisfactory, or if it be thought that asylum treatment will promote recovery or improvement ; and, in the second place, that after such removal has been ordered, the patient cannot be taken off the poor roll without the Board's consent. This knowledge tends to prevent, on the part of the local authorities, such a selection of patients, or such arrangements for their keeping,

\* Ninth Report of Scotch Board, *xxix.*

as they expect to find condemned, since this would involve them in a twofold trouble. Considerable importance is always attached to the fact that the patient is in such a state as will permit of his going in and out of the cottage in which he resides, at his own pleasure and like any of its other occupants,—so that there may be thus secured the inspection of neighbours, which, though not official, is of undoubted value. As regards the visits of the Commissioners or Deputy-Commissioners, there are patients for whose safety and comfort provision has been made of so satisfactory and sure a character that the annual visit may be, and occasionally is omitted, without fear of consequent injury to the patient. There are other patients, again, whom it would be desirable to visit, and who are visited, oftener than once a year.

Whether worth little or much, I think this correctly describes the general nature of the inspection and of the guarantees for the proper care and treatment of the single patients in Scotland. If these be of little value, they are still surely of more than the inspection which is recommended for the 15 per cent. in England, and which I shall give in Dr. Robertson's words:—"The medical practitioners in the district should be employed to make a quarterly medical report to the visitors, and, in exceptional cases, further visitation could be made by the medical officers of the county asylum." The inconsistency here is remarkable. I have made one omission, however; there is also "a periodical visit" by a *relieving officer*, who is to be added to the staff of the asylum.

This relieving officer, or the medical superintendent of the county asylum, according to Dr. Robertson, is to fix the allowance given to the guardians of the patient for his maintenance, and this allowance is not to exceed the asylum rate. This refers only to those patients who have been in asylums, and his "machinery" *does not in any way reach the great majority of single patients, who have never been there.* I do not know how he would deal with them, or with the cases of those patients who only require aid from the public while in asylums, and whose friends are willing and quite able to support them at home. Between such cases and those in which the whole maintenance of the patient must be provided by the public, wherever he is, there occur all gradations. The dealing with questions of this kind, and the dealing with them arbitrarily, would be a peculiar and difficult part of the duties of an asylum physician. He would have to sift the claims of applicants for parochial aid and inquire into their circumstances, and he would have to reject these claims, or fix their extent if he thought them established. This would be somewhat difficult, even in the cases of patients who have been in asylums and who are allowed to return from them to their homes unrecovered, for Dr. Robertson himself says that some



patients obtain admission into these asylums by evading the restrictions of the Poor Law. But if difficult with this class of patients, what would it not be with *those who have never been in asylums, who are always the great majority, and many of whom reside with their friends in districts remote from those to which they are chargeable?*

From the sentence following those in which this scheme is proposed we gather that Dr. Robertson looks on all single patients as having been in an asylum, whereas it is and always will, and must be true of a great majority of them that they have never been there. He seems perpetually to lose sight of this, or to be ignorant of it, whether he speaks of the single patients of England or of Scotland.

In the latter country, *every lunatic becoming chargeable to a parish must either be removed to the asylum of his district, or dispensation from removal must be granted by the Board*, on an application from the parochial authorities, accompanied by a statement of particulars and a medical opinion as to the propriety of the step. The Board afterwards, through one of its own members or officers, ascertains by personal inspection that this dispensation has not been improperly applied for or granted; and the knowledge that this will be done tends to prevent improper applications. In Scotland, 70 to 80 per cent. of the pauper patients in private dwellings have not been in any asylum, being in such a state at the time of becoming chargeable, as to make that step unnecessary. It is the object of the Board to secure that the single patients consist of a properly-selected class, and that their safety and comfort are reasonably provided for; and that this double object is possible and has been practically attained there is evidence in these two facts—1st, that with an average number of between 1,600 and 1,700 there has been no suicide or dangerous assault during ten years; and 2nd, that the yearly mortality has maintained throughout a remarkably low figure, being at its highest 6·4 per cent., at its lowest 4·5 per cent., and on an average about 5·2 per cent. These two facts cannot fail to carry weight, and they go far of themselves to justify the recommendation of the Board as to the propriety of providing for a certain class of the insane poor in private dwellings. This recommendation appears to me to rest chiefly on the following reasons:

First. Because it is an act of justice and humanity to that class of patients whose enjoyment of life, as Dr. Robertson says, it will increase, who are “incurable and harmless,” and whose treatment in an asylum would, as he also says, “be a matter of organized system rather than of individual observation.”

Secondly. Because, being more economical and not injurious to

the patients, it is but fair and right to the ratepayers, since the support of the insane poor, while a duty, is also a charity, and is only one of many like duties which we are bound to discharge.

Thirdly. Because, by practising economy, where it is possible to do so without injury to the objects of our charity, we obtain the means of giving aid to other sufferers, and among these to other lunatics.

If it were generally known, as well as it is to me from the nature of my duties, how many insane persons there are on the confines of pauperism, whose claim for public aid is rejected, chiefly for the reason that lunacy is already felt to be an oppressive burden, the increase of which is studiously avoided, this consideration would not be lightly passed over, by those at least *whose desire is the greatest good of the greatest number*. After a time such applicants for relief cross the Rubicon, and come unmissably within the region of pauperism; but relief is then given when it is comparatively useless, and when the disease is fairly confirmed.

Fourthly. Because it would strengthen the confidence of the poor in the authorities of the asylum, as Dr. Robertson well puts it.

There are many cases in which the friends of patients refuse relief when offered, because the accepting it would involve removal to an asylum, which they regard as a separation unto death. I know many instances in which extraordinary struggles have been made, painful privations endured, and cruel restraints imposed on the patient, in order to prevent removal to an asylum from which they expect no return.

We know the number of pauper patients who leave our asylums cured. We are constantly regretting its smallness, and properly complaining that so many of those who enter the asylums are already in a hopeless state of disease. If, then, in addition to those who leave them cured, but few others leave them unless on their way to the grave,\* we cannot marvel much at these mistaken views on the part of the people. And if these views can be corrected without injury to any of the insane,—if the confidence of the poor in the authorities of the asylum can be strengthened, as Dr. Robertson thinks, by returning to their homes a certain number of unrecovered patients,—that should certainly be done, if possible.

\* The difference between the discharges of *unrecovered private patients* and *unrecovered pauper patients* is always exceedingly great, so great as to force us to the conclusion either that many private patients are improperly discharged, or many pauper patients unnecessarily detained. This point is one of much practical importance, and deserves careful investigation.

Fifthly. Because it is thought that the operation of this system will tend to establish "the medical character of the asylums as hospitals for the cure of mental disease." \*

No words are needed to recommend this. The first and highest aim of an asylum is the cure of those labouring under mental disease—a disease so frequently requiring in its treatment those special appliances which the homes of the rich cannot furnish, and still less the homes of the poor. It is the second aim of an asylum to provide for the safe keeping of those lunatics who are dangerous to themselves or others, irrespective of curability, and to provide also for the comfortable keeping of those who, though not dangerous and not curable, are in such a state from their disease as to make it difficult, if not impossible, to provide properly for their peculiar needs, anywhere but in a special institution. When asylums pass these two aims they exceed their proper functions, and they do this to the injury of the whole body of the insane poor. That there is a feeling that these aims are being passed, and that an injury to the deepest interests of the insane poor is being thus done, recent writings on lunacy supply good evidence. I have only before me just now the last number of the *Journal of Mental Science*, and I find in it a quotation, made by Dr. Robertson, from Maudsley's most able work on the 'Physiology and Pathology of the Mind,' in which he speaks strongly and clearly of the desirability of lessening the sequestration of the insane, and of allowing many of the harmless and incurable to spend their days in private families, with the comforts of family life and the blessings of the utmost freedom that is compatible with their proper care. He tells us that he thinks the future progress in the improvement of the treatment of the insane lies in this direction, and he goes on to say that when it has been found possible to act on such views, "then will asylums, instead of being vast receptacles for the concealment and safe keeping of lunacy, acquire more and more the character of hospitals for the insane; while those who superintend them, being able to give more time and attention to the scientific study of insanity and to the means of its treatment, will no longer be open to the reproach of forgetting their character as physicians, and degenerating into mere house stewards, farmers, or secretaries."

In the very same number of the *Journal* we also find Dr. Davey saying that asylums like those at Hanwell and Colney Hatch, by their magnitude and arrangements, are not adapted to the cure of mental disease, and should be regarded as places for the mere protection and care, day by day, of the irremediably mad.

\* Dr. Robertson, *op. cit.*, p. 6.

In their last report the English Commissioners, when speaking of chronic patients in asylums, say, "A patient in this state requires a place of refuge; but his disease being beyond the reach of medical skill, it is quite evident that he should be removed from asylums instituted for the cure of insanity in order to make room for others whose cases have not yet become hopeless;" and they say further that the removal of such patients will render "the present asylums effective for the reception of curable cases, and such as require special care."

The effects of such a withdrawal of chronic cases on the functions of asylums will be the same, whether the patients are sent to poorhouses or to private dwellings; it will enable the asylums to receive the two classes—the *curable*, and *such as require special care*—and will tend to establish their medical character.

So much for the grounds on which I understand the Scotch system to repose. I am alone and personally responsible for all here said, but I regard myself as merely expressing, in my own way, what has been laid down in or what may be deduced from the reports of the Board, with which my opinions are in close accord.

The general recommendations of the Scotch Board seem to me to spring from reasons which are sound and unassailable. With this object in view—the greatest good of the greatest number—they appear to be offered; and what are they, after all, but an extension of that *non-restraint* which is the boast of this land and the glory of Conolly? It is a necessary effect of what he introduced, that the character of asylum populations should somewhat change, and also that the very number of those who are classed as the insane should be somewhat widened. Hence comes a *new state of things*, of the growing existence of which I believe all are conscious, though some may be unwilling to acknowledge it, and though there may be differences as to those *other new things* in which the redress is to be found. The recommendation to provide for a certain number of the insane in private dwellings may be regarded as an extension and a product of *non-restraint*, and it is so in the sense just indicated, but it is so in a still more literal sense; for if there be in an asylum an "incurable and harmless lunatic," whose "enjoyment of life would be increased" by a return to his friends, is not his detention\* in the asylum a *restraint*, and should not efforts be made to bring it to an end, and to place him in those circumstances which will best promote his happiness?

The efforts which have been made, and the discussion which has taken place as to the management of a certain number of the insane poor in private dwellings, and as to the condition and treatment of

\* It is desirable always, but difficult sometimes, to avoid the use of such words as *detention*, *confinement*, &c., with reference to patients in asylums, because, as regards some cases Dr. Robertson refers to, they are, perhaps, the proper words.

the insane at Gheel, have already borne fruit. There are few men dealing with insanity whose opinions have not through this source undergone some modification, and the fruit is further to be detected in the management and construction of many an asylum, and in the strength and width which have been given to the great principle of non-restraint.

IV. Dr. Robertson seems to object to the fact that in Scotland "the care and treatment of the insane poor in private dwellings is carried out under the official authority of the Lunacy Board." If his plan were adopted, the single patients of England would be under the entire control of the visitors and medical superintendents of the county asylums, and the English Commissioners in Lunacy would know nothing about them, and have nothing to do with them.

With reference to this, I have only to say that I think the Scotch plan incomparably the better one, and for this opinion I have already given reasons which appear to me good and sufficient.

He also objects to the *various ways* in which the Scotch Board can dispose of pauper patients in private dwellings; but a responsible body like the Commissioners in Lunacy cannot in such a matter have powers which are too wide. They are only required to exercise them where they think proper, and it is surely an advantage that they do not find themselves unable to give their sanction to any arrangement which makes a satisfactory provision for the comfort and safety of the patient. The circumstances of different patients are so varied, that there should be no legal prohibition to any arrangement which commands approval; and there should be such confidence in a body like the Board of Lunacy as will result in its having permissive powers of as wide a character as possible.

The different ways in which pauper patients in Scotland can be legally provided for in private dwellings are as follows:—

	Per-centage of patients in private dwellings (Scotland) disposed of in the different ways.
1. With their relatives as guardians.....	75.5
2. With persons as guardians who are not relatives—there being only one patient in the house .....	21.1
3. With persons as guardians who (as in No. 2) are not relatives, but who have obtained from the Board a special licence, and who may, according to the Board's approval, receive either one, two, three, or four patients.....	3.4

The first and second methods are in operation in England as well as in Scotland; the last is in operation only in Scotland. But there, as in England, the great majority of persons in private dwellings are under the care of relatives. Readers of the address, how-

ever, will think that this is altogether otherwise. Wherever suitable guardians can be found in relatives, these are chosen in preference to strangers, and accordingly we have 75·5 per cent. of the single patients boarded with their friends. The remaining 24·5 per cent. embraces those who live singly with persons not related to them, and those also who are in houses with special licences for two, three, or four. These last are but a small number, being in all 53 patients, and forming only 3·4 per cent. of the whole.

This statement changes entirely the aspect of the case which is presented in the address.

It naturally occurs here to inquire if in these respects the position of the single patients in England differs essentially from that of the single patients in Scotland.

There are in England 6638 pauper lunatics in private dwellings. These constitute the 15 per cent. approved of by Dr. Robertson, and it appears that 81·6 per cent. of them live with relatives, and 18·4 per cent. of them with strangers.\* These last all live singly, *so far as we know*. In Scotland a small number (53 patients) do not live singly, but in twos or threes; that is,—in a few instances, instead of entrusting only one patient to a guardian, two or three are entrusted to him. It is only, therefore, in reference to these fifty-three patients that Scotland differs from England. And even this difference, which, after all, is a matter of degree rather than of kind, might disappear if we knew as much about the single patients in England as we do about those in Scotland.

It is true that the proportions of the patients under the care of relatives and under the care of strangers differ in the two countries; but this does not affect the principle of “farming out,” which appears from the address to hold only in Scotland, but which exists also in England. Indeed, if you take absolute numbers, there are in England 1221 patients so farmed out, and in Scotland only 384. All this is known to Dr. Robertson, and some of it exists almost under his eye. Yet he has no fault to find with it there. It only becomes objectionable when north of Tweed, and this appears the more inconsistent and unreasonable when it is remembered that in Scotland great attention is paid to the insane poor who are out of asylums, and earnest efforts are made to improve their condition, while in England little of the kind is done, there being no provision or machinery for the purpose.

The 6638 single patients in England are under the care of boards of guardians and their officers, while in Scotland the 1568 single patients are under the direct and immediate control of the Board of Lunacy, who have great powers in respect to them. In

\* The proportions existing on 1st January, 1864, are here taken, as no other figures are accessible. Since no influence has been at work to change the proportions, they may be assumed to be substantially correct.

Scotland their condition has been carefully inquired into, and is well known. In England the address tells us that but little is known of their condition, and that little not much to its credit. In 1865 Dr. Robertson wrote even more strongly, and said that the condition of the insane poor in private dwellings in England was "most unsatisfactory,"\* and that these patients were then "in a miserable plight."†

I scarcely think it is knowing little of their condition to know this. If he be really correct, such investigations as have been made in Scotland might lead to like disclosures; and cases of neglect, misery, and cruel restraint, as shocking as anything ever found in Scotland, might be brought to light.

One effect of these inquiries would probably be that the number 6638 (a number which has been steadily increasing since 1847, when it was 4418) would undergo a further and sudden rise. This would result from its being found that some lunatics were in private dwellings and in receipt of relief who were not included in the 6638. The next thing, if the Board of Lunacy had the proper powers and machinery, would be the weeding out and the sending to asylums of all unsuitable cases, and a consequent reduction of the number. Then would follow efforts in various ways, as experience would teach, to make the condition of the remainder as satisfactory as possible. In doing this, I am sure that regret would be felt if, where two patients appeared to be comfortably and satisfactorily provided for under one guardian, it became necessary to disturb the arrangement because the law only allowed one patient in each house.

The beneficence of such a system of control and inspection as is here implied would soon be acknowledged, and it would quickly be felt that it was necessary to the completion of the idea of a *state care* of the insane poor, who require and have a right to that care, wherever they are placed, whether in asylums, or in poorhouses, or in private dwellings.

It would be a second but an important feature of the beneficence of such a system, that it would enable the Board of Lunacy to sanction and encourage the removal from asylums to their homes of those "incurable and harmless" patients, whose "enjoyment of life would be increased" by such a procedure.

All this and more has been aimed at and attempted in Scotland, whose lunacy law places the whole body of the insane poor under the care of the State, whether they be in establishments or in private dwellings. It fully and clearly recognises the latter class, and assigns duties and gives powers to the Scotch Board regarding them. Under these powers their condition has been carefully looked into,

\* *Journal of Mental Science*, No. lii, p. 479.

† *Ibid.*, p. 482.

and efforts have been made to render it as satisfactory as possible, and to see that none requiring the appliances of an asylum for treatment or care are denied that advantage.

In no other country is the law so comprehensive. Nowhere else in Europe is that saying of John Stuart Mill, which Dr. Robertson has placed on the title-page of his address, made so fully a matter of fact. "Insane persons," says Mill, "are everywhere regarded as proper objects of the care of the State," and this is acted on in Scotland to a larger extent than anywhere else. The Scotch law may have defects; but, taken as a whole, it is not only behind none, but is in advance of all, and its promoters may well find pleasure in the work they accomplished. When it has been twenty years in operation I hope it will be able to point to achievements equaling those already performed in England, which are regarded with as much pride by the Scotch as they are by the English, and which are less the triumph of a nation than the triumph of enlightenment and humanity.

V. Dr. Robertson's remarks lead his readers to suppose that a very large number, if not all the pauper patients in private dwellings in Scotland, are under the care of those who have a special licence from the Lunacy Board to receive two, three, or four patients. The fact is, as I have stated, that only 3·4 per cent. of the whole single patients are thus disposed of. What their number will eventually be it is neither possible nor proper to predict. When suitable guardians can be found in relatives these will generally be chosen, and there is good reason for believing that the majority of single patients will always, as now, be found under the care of friends; but there are certain patients who have no friends at all, and yet who are harmless and incurable, and belong to the class whose enjoyment of life is increased by being out of the asylum; there are others, in the same condition, who have friends, but whose friends are not trustworthy, or are otherwise not suitable as guardians; there are others, again, also in the same condition, whose mental state has such peculiarities as to make absence from home and friends, though not detention in an asylum, desirable as a means of promoting their happiness and wellbeing. For these, and for other patients in like circumstances, it is certainly a proper thing that the Board of Lunacy should have the power, given by the Scotch law, of sanctioning whatever arrangements inquiry shows to be satisfactory.

Dr. Robertson bestows various epithets on the persons who are thus approved of by the Board as guardians. He calls them "*ignorant and needy*," for instance. I cannot call them *learned* and *affluent*, but I am able to state that they belong to the respectable



working class, and this I regard as sufficient. I am able also to state that they are less ignorant and less needy than many or most of those relatives of patients who are approved of as guardians both by Dr. Robertson and by the Board of Lunacy, and that they are certainly not more ignorant and needy than the class which yields the male and female attendants in asylums. Omitting the *ignorance*, and remarking only on the *neediness*, I have further to point out that, even in the case in which an approved-of guardian takes charge of two pauper patients solely and entirely for the reason that it will be of advantage to him, it is not necessary that he shall be needy in any other sense than would be applicable to a carpenter who undertakes to make a table, or to a surgeon who undertakes to reduce a dislocation. It should be borne in mind, however, that many guardians who are classed as strangers because they are not relatives, are, in reality, connected to the patients by old acquaintance and friendship, for the sake of which they agree to receive them into their families, and undertake the care of them, though unable to do this without remuneration.

Another epithet which Dr. Robertson applies to these persons is that of "lay speculators in lunacy."

With regard to this, I wish, first, to point out that it must apply as much to those guardians receiving patients singly and not related to them, as it does to those who receive them in twos or threes, and it therefore applies to 18·4 per cent. of the single patients in England; but we hear nothing of speculators there, though it appears that they are 1221 in number against 384 in Scotland.

But Dr. Robertson does not simply call these persons "speculators in lunacy." He calls them "*lay* speculators in lunacy." Twice he uses the epithet *lay*—once as "*lay* speculation" and once as "*lay* speculators," and in the last case he prefixes the word *humble*.

What he understands by the word *lay* I cannot tell. In English I believe it never bears any other meaning than *not clerical*, and refers always to the people as apart from the clergy. It comes to us in that sense, I think, from the old church-latin.

It would be nonsense, however, to suppose that in the address it is used as meaning that the speculators are objectionable because they do not belong to the clergy; and the word cannot stand for non-professional or non-medical. Nor can we suppose that its use implies that any sort of speculation in lunacy is allowable. In short, I am unable to declare its meaning, yet it may not be without significance.

VI. "It needed not," says Dr. Robertson, "the graphic detail given by the writer of an oft-quoted paper, 'Gheel in the North,'

to realise how far removed from sober truth are the pictures of rural bliss . . . . . which are yearly chronicled in the appendix to the Scotch Lunacy Commissioners' reports."

Since this anonymous testimony was not needed, it follows that nothing was needed, for we hear of nothing else, and we know of nothing else. It has thus proved a very easy matter for Dr. Robertson to arrive at the conclusion that these official documents are departures from sober truth.

When Dr. Robertson was in Scotland last year, why did he not seek an opportunity of seeing and judging for himself? Why, indeed, did he not come down to Scotland this year in quest of opportunities of personal inquiry, to make sure of the accuracy of such a statement before uttering it? Since he has shown no wish to obtain a personal knowledge of the state of matters in Scotland, I now offer him an *invitation* to come and see.

All those documents which are described in this address as departures from sober truth I know to have been written with a desire to be accurate and fair; and I am hopeful that it will be the opinion generally of those who read them that they give evidence of this. In the January number for the present year of the *Journal of Mental Science*, it may be remembered that there is a review which speaks favorably of the more recent of these reports, and applies to them such adjectives as "calm and temperate." In that review the writers of these reports are spoken of as those "entrusted to carry out the policy of the Board with regard to single patients," and it is further said that "it is evidently not the aim of the Scotch Board to place every class of the insane poor in district or other asylums, but rather to secure the co-operation of the parochial authorities for the satisfactory care of some of them in private dwellings." Reference to the annual reports of the Board, which are signed by all the Commissioners, will show the accuracy of these statements.

The object in using such a phrase as "pictures of rural bliss" it is not difficult to understand. The intention, of course, is to be damaging by overcolouring and exceeding what has really been said, but this is not a judicious or effective proceeding in questions which are sure of further sifting.

The application of the term "Gheel" to the Scotch system has, it appears to me, a like object, for the writer of the article must be well aware that the term bears no special relation to anything existing in Scotland.

In point of fact, there is a Gheel in the south, quite as correctly as there is a Gheel in the north. In England there are 6638 pauper lunatics in private dwellings, some of whom live with relatives and some with strangers. In Scotland there are 1568 pauper lunatics in private dwellings, some of whom live with relatives and some

with strangers. In England the great majority live with relatives, and in Scotland this is also the case. There is, in short, no difference between the two countries, except in the proportions of those who live with relatives and with strangers.

All patients placed under the care of strangers may be said to be kept for profit, whether they are so placed singly or in twos or threes. The mode of placing them in houses licensed for twos or threes has as yet but a limited operation in Scotland, and embraces only 3·4 per cent. of the pauper patients in private dwellings. The whole number of pauper patients so provided for is fifty-three, and they are divided over thirty-four houses.\* In one village thirteen of these patients reside, in another ten, and in a third five. The rest are scattered over the whole country, the Board having had nothing whatever to do with the fixing of any of the localities. The thing as it stands is just the product of requirements into facilities; and small though the resultant seems, it has served a useful purpose, and has been of benefit to a certain number of the insane, who from various causes could not have been so benefited but for the powers possessed by the Scotch Board. This little part of the Scotch system is the only thing which more resembles Gheel than what exists in England.

This is the actual and existing state of the case; but I have to point out that *Gheel in the north* has no reference to these houses with two, three, or four patients. Its author deals with single patients—with a system, in short, which has an exact parallel in England; and to this he applies the epithet of Gheel. The many will not, and only the few will, detect the mistake and see its bearing.

With further reference to *Gheel in the north*, I have only these four things to state here:

(1) The impression which the article conveys is not a true impression of the condition of the patients in private dwellings in any part of Scotland with which I am acquainted, and it is far from being a true one of their condition in those parts which are under my own inspection.

(2) There is a remarkable use of figures in the article. One of its features is this, that the same patient is made to appear over and over again in the different categories, which are founded on various bodily and mental conditions, and seem to embrace and refer to different sets of patients. The effect of this I need not point out.

(3) The article shows that no objection is taken to the condition of a certain number of the patients.

(4) In such circumstances there is a quick and simple remedy,

\* As the fifty-three patients are divided over thirty-four houses, it is evident that in several there must be only one patient, and in the majority only two.

which is as follows:—The removal to asylums of all the bad cases.

This is what could be done, but that which practically would be done is this :—The patients actually needing asylums for their proper care and treatment would at once be ordered to be sent there ; those, again, whose mental state did not absolutely require asylum care and treatment, but whose condition was not satisfactory, would, in like manner, be at once sent to asylums, if no hope of improvement at home existed, but, if such hope existed, time would be given to effect the improvement, and suitable recommendations thereanent would be made. Where the patient was found suitable, and his condition appeared to be satisfactory, there would, of course, be no disturbance of the arrangement.

VII. “There is little but the sixpence a day between them and neglect and want.” So writes Dr. Robertson of the patients in private dwellings in Scotland. How he knows this I cannot tell. But if, as seems to be admitted, the sixpence a day does secure the patients against neglect and want, why make it a shilling, or why make it even sevenpence, or why, indeed, give anything beyond what is found sufficient ?

Practically, the matter stands thus :—The friends or guardians of some patients ask and require but little aid from the public, perhaps only what will provide clothing ; the guardians of other patients need more, and the allowance must be such as will cover food and clothing ; in other cases, again, it must be larger still, and the whole maintenance of the patients must be provided, and some remuneration given to their nurses or guardians. There is, and there ought to be, a considerable range in the amount of the parochial allowances. Each case should get what each case requires. Between nothing and a large allowance, it would be an absurdity to have no stage. From the person who is beyond the need of public aid, we go by a long succession of steps down to the person who depends on it entirely. It matters nothing how cheaply a patient is kept, if he be well kept—the cheaper, indeed, the better. It is the result which concerns us, and if that be good and satisfactory, it is no fault that the price is not a great one.

It so happens, and I speak from observation, that the condition of a patient has no necessary relation to the amount of the allowance in his case. In other words, he is not the better kept the more he costs, any more than those are the best asylums whose rates are the highest.

Sixpence a day is the *average* allowance for single patients in Scotland, and this *average* results from allowances considerably below and considerably above sixpence. Sixpence a day is also the

average allowance for single patients in England—for both countries the average being thus the same. It does not follow, however, that sixpence in the two countries has the same value to the working class, and there are some reasons for thinking that a difference exists\* which would be in favour of the north.

It is, of course, a proper thing to endeavour to lead the parochial authorities to take a correct and liberal view of the peculiar wants of the insane, and in that direction much has been done in Scotland, where the average yearly allowance to single patients has risen, since 1858, from £7 11s. 7d. to £9 10s. 1d. But the requirements of each case have always been separately considered, and the recommendations have never been made on any such assumption as that doubling the allowance necessarily involved the doubling, or even the increasing of the comfort and well-being of the patient.

With this I conclude the comments I have to make on the Presidential Address, the subject of which is one of great and increasing interest. My remarks have had reference only to one part of Dr. Robertson's scheme. In providing for the insane poor, asylums take the place of first importance, and they do this in a very emphatic sense. Poorhouses, or something analogous to poorhouses, and private dwellings are merely supplementary. They complete the scheme, and become necessary as part of a whole. For obvious reasons, the need of these supplementary forms of providing for the insane poor is increasingly felt, and they are consequently receiving more attention than formerly. In Scotland this greater attention has for a considerable time been given to them, and with good results, both as regards poorhouses and private dwellings. It is to the last, however, that this communication almost exclusively refers, and I have endeavoured to make it convey a correct view of what is thought and done in Scotland in regard to the insane poor in private dwellings. From the nature of the communication, I have been obliged to do this in a disjointed manner, necessitating repetitions, but this method sometimes has advantages, and may convey clearer views than a systematic discussion.

I think all agree that it is desirable to ascertain the condition of lunatics in private dwellings, to see that none are there who require such care and treatment as an asylum only can furnish, and to see, also, that a proper provision is made for the safety and comfort of those whom residence in an asylum will not benefit. This is the idea which underlies the so-called Scotch system.

Its soundness no one can question, since every one admits the

\* Sixth Report of the Medical Officer of the Privy Council.

propriety of extending the care of the State to the whole number of the insane poor.

The system in no way or sense takes the place of asylums, being merely one of the *various* ways in which provision may be made for the insane poor.

That the working of the system may afford relief to the accumulation of chronic cases in asylums is certain. Of the extent to which it may do this no one can yet speak with precision, but the experience of Scotland shows that the extent may be one which is quite appreciable.

If Dr. Robertson discharges those unrecovered patients *presently* in the Sussex County Asylum, whom he describes as incurable and harmless, and whose enjoyment of life, he says, will be increased by removal from the asylum to their homes, there will be an immediate relief, greater or less, of course, according to the number of such patients. Let us suppose that out of 530 he is able to discharge only one dozen, and that all other asylums can do the same; we should then have a total of 588 discharges, which is not an inappreciable number, since it surpasses the whole population of the Sussex Asylum. But it would be a moderate estimate of the patients in the condition he describes if we doubled the dozen, which would give 1176 patients, and represent two county asylums like Hayward's Heath.\*

There can be no doubt, however, that where a system like that existing in Scotland is in full and active operation, many things are possible which are scarcely so in the absence of such a system. Asylum physicians, for instance, might have less hesitation in discharging unrecovered patients if they knew that the interests of such patients continued to be looked after, though they ceased to be under asylum care.

The discharge of such unrecovered patients increases the happiness and well-being of the patients themselves, gives pleasure to their friends, confers a benefit on the country, and is an advantage to the rest of the insane poor. This last is true even in a fuller sense than has yet been stated. "The rapid way in which county asylums

\* The moderation of this estimate will be evident from what follows. On the 1st of January, 1867, there were 24,748 pauper patients in the county and borough asylums of England, of whom 22,257 are declared incurable, and 2491 curable. Of the incurable, 14,620 are declared excitable, violent, or dangerous, and 7637 are declared quiet and harmless. My large estimate, therefore, only deals with about one seventh of the *incurable, quiet, and harmless*.

It is worth remark here that of the 7637 who are incurable, and quiet, and harmless, 4743 consist of the *idiotic and demented*.

Sussex asylum, however, shows 495 incurables in a population of 537; in other words, it contains only 42 patients treated with the hope of cure. Of the 495 incurable, only 28 are regarded as quiet and harmless, and of these, 8 are idiots, imbeciles, or demented.

are increasing in size, and the ever-recurring necessity of building new ones,"\* seriously interfere with the accomplishment of those other schemes for the benefit of the great body of the insane, of which we may dream, but which, under existing circumstances, we need scarcely propose. Is there anything, for instance, more needed than public asylums for the middle and lower middle classes? Could the country fulfil a clearer duty or do a greater act of charity than in providing them? Do we not require places where the brothers, sisters, sons, and daughters, of doctors, and clergymen, and lawyers, and schoolmasters, and people of such classes, may find care and treatment, apart from ordinary pauper lunatics, but at moderate rates? Do we not even feel the need of some gratuitous asylum provision for such persons? And do we not know how much mischief and misery occur in the efforts to prevent the sinking into pauperism of a member of a family which is quite above the ordinary pauper class in its feelings, in its history, in its social position, and in every sense, but which cannot meet a continued yearly deduction of even £40 or £50 from its income?

Do we not also need training institutions for young imbeciles, and asylums for the care of the young who are degradedly idiotic? And should not these look for their origin and support to some surer source than the voluntary contributions of the charitable?

To approve of the disposal of a certain number of the insane poor in private dwellings implies no narrow view of the claims of the insane. On the contrary, I think it involves a comprehensive benevolence in their regard, and the promotion of their best interests. Such an opinion I believe to be held by a yearly increasing number of men; and the more the subject is investigated the more do I think it will be acknowledged that a certain number of the insane may properly be provided for in private dwellings, and that such a procedure will, both immediately and remotely, be a benefit to the insane. I have before me a letter from one of the most distinguished asylum superintendents that England has of late produced, in which these words occur:—"I am surprised to find the large proportion of cases which may be most efficiently treated *en famille*."

For my own part, before changing the opinions I have been led to form, I shall require more than the condemnation contained in this address, especially as the author is at odds with himself.

In January, 1865, for instance, he published a paper "On the several means of providing for the yearly increase of pauper lunatics." He concludes that paper with a summary, showing that the increase can for many years to come be provided for by what he calls "a

\* Journal of Mental Science, No. xlvii, p. 362.

fair extension and adjustment of the existing system," and the first recommendation he makes is as follows:—

*"A limited number of the chronic lunatics who now occupy beds in the public asylums may be placed as boarders, either singly or in small licensed houses of four (as in Scotland), in their own villages."*

In 1865, therefore, he recommends the adoption of that which in 1867 he calls a "retrograde step in the care and treatment of the insane." In 1865 he recommends the introduction into England of what, in 1867, he calls "the most objectionable form of lay speculation in lunacy." In 1865 he holds up Scotland for imitation, and in 1867 he says he cannot cite the example of Scotland in this matter as even worthy of consideration. If the advice given by Dr. Robertson in 1865 had been promptly acted on, and the law had been changed as he proposed, I do not see how he could have written one part of this address.

*Clinical Cases illustrative of the value of the Thermometer as a means of Diagnosis in Diseases of the Nervous System.* By F. W. GIBSON, M.D. Lond., Resident Medical Officer, St. Pancras Infirmary; late Assistant Medical Officer, Criminal Lunatic Asylum, Broadmoor.

CASE 1.—S. E—, female. Admitted Jan. 22, 1866. Tried for wounding, with intent to murder, Dec., 1865. Found insane. She lived in a cellar with her husband and child. From the evidence given at the trial and from her own account, it appears that she wounded her child slightly with a razor in order to frighten her husband, who had treated her with great cruelty, into better behaviour. After she had been taken into custody it was found that "her mind was much shaken, and that she was the subject of delusions."

*State on admission.*—Is in fair health; suffers occasionally from headache; no evidence of delusions; is quiet, and willing to work.

April 13th.—Behaving well; employed in laundry.

28th.—Complains of pain in the right arm, and of headache.

29th.—Has been in bed all day, suffering from headache, pain in the right arm, and from malaise; at eight o'clock was sick, vomited matter, greenish; afterwards she frothed at the mouth, and became faint and cold. Seen by me at ten o'clock. She was found



to be "lying on back in bed, moaning inarticulately, face pale, skin cold to touch, perspiring. Pulse 60, feeble; respiration 20, not stertorous; heart's action irregular; pupils equal, contracted, sluggish. When spoken to she can be partially roused, but gives no intelligible answers to questions; swallows with difficulty a little brandy; when the skin of her feet is pinched she draws up her legs, and complains in a semi-articulate manner. Does not put out her tongue when asked. 2 a.m.—Has been sick five or six times since last report; skin warm; pulse 80, fuller, and more regular; slight twitches of right arm.

30th.—11.45 a.m.—Pulse 120; resp. 40; temp.  $101\frac{1}{3}^{\circ}$ . She is more unconscious. Pupils equal, contracted; have been dilated and contracted alternately. Paralysis of left side of face and of left arm, accompanied, in the latter case, by rigidity of the muscles. Respiration stertorous, but not markedly; no paralysis of muscles of respiration, nor seemingly of any others than those named above. 4 p.m.—Pulse 100; resp. 41; temp.  $100^{\circ}$ . No murmur audible in cardiac region; large-sized râles all over left lung anteriorly. 6 p.m.—Pulse 120; resp. 32; temp.  $102^{\circ}$ . Passed water voluntarily at 2 p.m.

May 1st.—10.55 a.m.—Pulse 116; resp. 60; temp.  $102^{\circ}$ . Has swallowed beef-tea and brandy during the night; moves both arms slightly; sensibility in left leg minus; respiration stertorous; no convulsions. 4.55 p.m.—Pulse 130; resp. 64; temp.  $102\frac{1}{3}^{\circ}$ .

2nd.—Died comatose at 9.45 a.m.

*Autopsy, thirty hours after death.*—Temp. of air,  $40^{\circ}$ , moist; position of body since death, on back. *Calvaria*, nothing notable. *Dura mater*, no adhesions to calvaria; small, pale, non-adherent clot in superior longitudinal sinus. *Pia mater* strips easily from convolutions. *Gray matter* of convolutions of cerebrum rather dark. No atrophy. *White matter* of hemispheres, ventricles, central ganglia, pons, and medulla, healthy. *Cerebellum*, right crus and flocculus much softened throughout; colour not appreciably changed; the remainder of cerebellum healthy. *Spinal cord*, whole thickness in mid-dorsal region much softened; just above lumbar enlargement softening limited to white matter; the rest of cord healthy.

*Microscopical appearance of softened parts.*—Nerve-tubes broken down; large cells containing numerous granules, and granular state of nerve-cells; nothing abnormal discovered in vessels of brain.

*Organs of respiration and circulation.*—Nothing notable in former; great contraction of tricuspid and mitral valves of heart from atheromatous deposit; aorta healthy.

*Organs of digestion.*—Healthy.

*Genito-urinary organs.*—Right supra-renal capsule converted into

a cyst; kidneys granular and shrunken; bladder, uterus, and ovaries, healthy.

The case of S. E— presents many very interesting features.

1. Softening of the crus cerebelli, unaccompanied by any lesion of the remainder of the encephalon, is, I believe, very rare. I cannot find any record of a similar example in the books to which I have access at present. Notable is the absence of any of the phenomena produced by the section of the crus in the well-known experiments of Magendie, Longet and Schiff, and Muller, on pigeons.

The cerebellum most persistently and perversely offers to the physiologist pathological facts strangely adverse to his favorite theories.

2. Notable likewise is the considerable power of motion in the lower limbs, in spite of the large amount of lesion in the spinal cord. That a woman whose cord is found after death to be softened throughout should be able, a few hours before that event, voluntarily to draw up her legs in the bed, is unusual, but can be accounted for; most probably a small strand of nervous fibres remained unbroken until a short time before death, and that this sufficed to carry a feeble volitional stimulus.

The combination of tricuspid constriction, itself no common disorder, with mitral constriction, is of sufficient rarity to merit a passing notice, even in the pages of a psychological journal.

3. The difficulty in the diagnosis between cerebral hæmorrhage and acute cerebral softening is so great, that many have declared that it is in some cases impossible. I should not be justified in stating that the problem can always be solved by means of the thermometer; but I may venture, I think, to say that it is a valuable means to that end, for in all cases of the former disorder where I have made thermometric observations I have found elevation, in those of the latter no elevation, of temperature.

I am glad to be able to add that Dr. Ringer, a far more experienced observer than I am, informs me that he has arrived at a similar conclusion as to the non-elevation of temperature in cases of cerebral hæmorrhage. Absence of elevation of temperature above the normal standard would be predicted from *à priori* reasoning in such cases. If inflammation in the neighbourhood of a hæmorrhagic nidus ensue, the case becomes virtually one of abscess of the brain, and, of course, like abscesses in other parts of the body, is accompanied by elevation of temperature above the normal standard.\*

CASE 2.—S. S—, male; æt. 55. Admitted Nov., 1864.

¶ Since the MS. was sent to press I have seen a case in which the temperature was 101°, which was proved by post mortem examination to be one of hæmorrhage into the arachnoid and pons, without any complication.

*History.*—Tried at Chester, in 1854, for arson. Found insane. Sent to Chester Asylum, and thence to Broadmoor.

*State on admission.*—Dulness and feeble inspiration in left clavicular and infra-clavicular regions; no abnormal cardiac signs; no hemiplegia, but speech rather indistinct.

*Mental state.*—Memory defective; answers simple questions correctly, but with hesitation. Says that the farmer whose stacks he "fired" was always "making game of him," and that he fired them to spite him. Expression of face that of a minus condition of intelligence. Gives no evidence of delusion.

His state remained much as above until August 6th, 1867, at which date the following notes were taken:

At 4 o'clock in the afternoon of that day he had an attack of vomiting, and felt faint. He said that some one had knocked his legs from under him. He was sent to bed, out of which he fell, striking his head, and inflicting a slight scalp wound. 8 p.m.—Pulse 64; resp. 20; temp. 98°. Semi-conscious; paralysis of muscles on right side of face; of right arm and leg; none of muscles of chest, even on deep inspiration; pupils equal; no paralysis of muscles of palate; slight paralysis of muscles of jaw on right side; tongue points to right side when protruded; no rigidity of muscles on right side, nor loss of sensation (consciousness had returned when test was applied); no twitches; no convulsions.

August 7th, a.m.—Pulse 60; resp. 16; temp. 98°. Paralysis continues, but is less. p.m.—Pulse 84; resp. 16; temp. 98°.

8th, a.m.—Pulse 60; resp. 16; temp. 98°. p.m.—Pulse 64; resp. 20; temp. 97 $\frac{2}{3}$ °.

9th, p.m.—Pulse 60; resp. 16; temp. 98°.

19th, p.m.—Pulse 64; resp. 16; temp. 97 $\frac{2}{3}$ °. Paralysis nearly gone. He is now much in his usual state.

That the case of S. S— was one of cerebral hæmorrhage I have no doubt, although my diagnosis was fortunately not confirmed by post-mortem evidence. The amount of bleeding was certainly small; its site probably near the pons. This case does not exhibit any peculiarly interesting phenomena, and I quote it merely to show that the temperature remained, as in all the cases of hæmorrhage into the brain of which I have notes, normal throughout the course of the attack. To meet any objections which may be raised on the score of the absence of post-mortem proof of the correctness of my diagnosis, I may state\* that no elevation of temperature has been observed in cases where such proof has not been wanting. The subjective and objective symptoms in cases of hæmorrhagic apoplexy may be such as to induce the non-thermometric observer to believe that the

\* On the authority of Dr. Ringer.

temperature is abnormally high, *e.g.*, a woman, *æt.* 72, during recovery from such an attack, continually complained to me that she felt as if she were "roasted alive;" her face was flushed, and her skin felt hot. Nevertheless the temperature remained normal throughout.

CASE 3.—F. W—, male, *æt.* 40. Admitted February, 1865.

*History.*—Tried at Leicester Assizes in 1862. Found insane. Supposed causes of insanity, epilepsy and intemperance. Sent to Fisherton Asylum in August, 1862; thence to Broadmoor.

*State on admission.*—Dulness, and jerking inspiration at right apex; no abnormal cardiac signs; pupils equal; partial paralysis of muscles on right side of face, and of right arm and right leg. When spoken to he at once begins to thump himself with his left hand, and calls out, "Thank God!" "Thank the Lord!" and continues so to do as long as he is watched. He remained much in the same state up to the time at which the observations recorded below were made; he never uttered any words, save the above named; the paralysis did not increase. He had attacks of epileptiform convulsions in 1865, on May 8th, Oct. 3rd; in 1866, on Oct. 3rd, Nov. 6th, Dec. 28th.

July 1st, 1867.—At 8 p.m. I was called to see him by the attendant in charge of the ward, because he was in a fit. When I arrived I found him recovering, and his condition to be as follows:

In bed, covered up, lying on back (went to bed at 7.30 p.m.). Pulse, 120; resp., 24; temp., 97°. Semi-conscious; twitches of muscles of face on right side; two slight fits between 8 and 8.15. 8.15.—Pulse, 120; resp., 24; temp., 98°. A very severe fit, beginning by tonic spasm of the muscles on the left side of the body; head drawn forwards and to left; left fist clenched; arm flexed; trunk raised from bed, and curved to left; face livid; fit began by a deep inspiration or semi-articulate cry; consciousness lost immediately. The tonic spasm lasted about four seconds (he then fell back in bed), and was followed by clonic convulsions of muscles of right side of face, arm, and leg; none of left. Sweat in beads on left side of face, none on right; face livid; right eye buried under upper and outer angle of upper eyelid; left slightly turned to right; pupils equal, rather dilated; conjunctivæ pale. 8.20.—Pulse, 100; resp., 24; temp., 101°. Temp. in left axilla, 101°; in right, 101°. Convulsions lasted in their full severity for four minutes, but twitches continued for eight. 8.30.—Pulse, 100; resp., 32; temp., 101°. Consciousness partly returned; face became red, instead of being livid; he passed his left hand over his face, but did not speak. Three slighter attacks; the last at 8.45. 9.10.—Pulse, 104; resp. 24; temp., 98°. 9 p.m.—Is now quite conscious; cried out,

"Thank God! thank the Lord!" directly he became so. No more observations with the thermometer can be taken.

July 2nd.—Is much in his usual condition this morning.

The phenomenon of the gradual rise and decline of the temperature, *pari passu* with the increase and diminution of the severity of the convulsions in this case, might serve as a groundwork on which to build a theory, connecting the etiology of convulsions with that of rigors, were it not for the existence of the fact that in other cases of convulsions (excluding those occurring in the course of acute specific diseases) there is no abnormal rise of temperature. What was the cause of the rise in this case? Without attempting to reply to this question, which I think cannot be satisfactorily answered at present, I venture to quote some remarks which I made on a case similar to the above, of which a report was published in the 'British Medical Journal,' Dec. 15th, 1866:

"The researches of Claude Bernard have proved that irritation of the cerebro-spinal system of nerves, by paralysing the sympathetic, produces dilatation of the minute vessels, increased heat, and augmented chemical action. The phenomena in this case would appear at first sight to be satisfactorily accounted for thus: Here is irritation of the cerebro-spinal system, as shown by the convulsions, producing increased heat and increased flow of the cutaneous secretion, but on the other hand the phenomena of the convulsive attacks of epilepsy are a direct contradiction of this theory, for while in these attacks there is, as I think I may affirm as the result of very numerous observations, no increase of temperature, there is irritation of the sympathetic, causing contraction of the vessels; hence the loss of consciousness, the pallor of the face, the small radial pulse, and the dilation of the pupil."

The fear of wearying by the recital of examples alone hinders me from giving any more than the practical conclusion which I think may fairly be drawn from the data of my not very limited experience in the use of the thermometer in cases of epileptiform convulsions. It is this. The prognosis is very much more unfavourable in those cases in which there exists abnormal elevation of temperature than in those in which it is absent. The value of the knowledge of the fact that in uncomplicated epilepsy the temperature always remains normal, is well illustrated by the case of a woman, aged 24, in whom the elevation of temperature, during a series of convulsions, to  $104\frac{1}{2}^{\circ}$ , led me at once to suspect the presence of some disease besides that of epilepsy, and, though there were no marked symptoms pointing to pulmonary lesion, I found signs of tubercular mischief in both lungs, a diagnosis which was confirmed by *post-mortem* evidence.

CASE 4.—T. M.—, male, æt. 37. Admitted May, 1864. From Taunton Gaol. Tried March, 1864, for assault. Found insane.

*State on admission.*—Is rational. Says that at Christmas he began to drink, and remembers nothing from the time he told his wife everything was going round and asked her to hold him, until he found himself in the county asylum. Recollects nothing of the assault.

July 17.—Has been behaving quite rationally until last night, when he became very restless; walked about the dormitory, and wound a sheet round his neck. Cut his hands to be like Christ.

October 31st.—Is suffering from a similar attack.

December 21st.—Ditto.

1866.—December 16th, February 11th.—Ditto.

June, 1867.—Some tremulousness of the facial muscles as he speaks. Pupils of unequal size, the right being the larger.

July 1st.—Has been out of sorts for some days; complains of feeling cold. Paralysis of right facial. When spoken to, he begins to talk at once, and rambles on in a most incoherent manner. Tremor of muscles on left side of face. P.M.—Has been in bed all day. Pulse 120; resp. 24; temp.  $97\frac{3}{4}^{\circ}$ .

2nd, a.m.—Pulse 100; resp. 24; temp.  $98^{\circ}$ ; head hot; pupils irregular, dilated, right larger than left. Paralysis and tremor continue. Is excitable and talkative; incoherent, and has numerous delusions. P.M.—Pulse 100; resp. 24; temp.  $98^{\circ}$ .

3rd, p.m.—Pulse 106; resp. 24; temp.  $98^{\circ}$ . Excited, talkative, and abusive; face flushed.

4th, p.m.—Pulse 100; resp. 24; temp.  $98^{\circ}$ . Is much better. Paralysis continues, but tremor gone.

CASE 5.—T. B.—, male, æt. 30. Admitted July 18th, 1867. Tried in 1864, for housebreaking. Sentence seven years' penal servitude; became insane during servitude.

August 8th, a.m.—In bed; pulse 64; resp. 36; temp.  $99\frac{1}{2}^{\circ}$ . No abnormal chest signs; paralysis of right facial; pupils equal, rather contracted; conjunctivæ pale; brows knit. Says he feels giddy when he gets up; skin moist. Is very excitable, continually shouting to a man whom he imagines to be at the top of the building. P.M.—Pulse 64; resp. 32; temp.  $99^{\circ}$ .

9th, p.m.—Pulse 84; resp. 24; temp.  $99^{\circ}$ . Continues to be excitable and noisy.

10th, p.m.—Pulse 80; resp. 16; temp.  $99\frac{1}{2}^{\circ}$ .

11th, p.m.—Pulse 62; resp. 20; temp.  $99^{\circ}$ . Continually noisy, both by day and night.

12th, p.m.—Pulse 80; resp. 20; temp.  $98\frac{1}{2}^{\circ}$ . Has been quiet during the whole of last night and to-day. Expression of face much quieter..

14th, p.m.—Pulse 60 ; resp. 20 ; temp.  $98\frac{1}{3}^{\circ}$ . Is quieter, and feels better.

CASE 6.—J. R—, male, æt. 58. Tried for arson at Salop Assizes, July, 1832. Found insane. Admitted November, 1864, from Salop Asylum.

*State on admission.*—No abnormal chest signs ; is demented, and can give very little account of himself. Says he is fifteen years old, and has only been six years in confinement. Occasionally wet at night.

May, 1865.—Very demented ; employs himself in dusting. Still says that he is "fifteen years old."

November, 1866.—Has been very excited and talkative during the last week. Is incoherent, and gives no rational answers to questions ; runs up and down, and rambles about the ward and airing court.

August 10th, 1867.—In bed ; face flushed ; both ears red, and a little swollen ; tongue white ; bowels confined. Is continually talking incoherently. Was very restless and noisy last night. A.M.—Pulse 92 ; resp. 20 ; temp.  $100^{\circ}$ . P.M.—Pulse 84 ; resp. 20 ; temp.  $100\frac{1}{3}^{\circ}$ .

11th, a.m.—Pulse 60 ; resp. 20 ; temp.  $99\frac{1}{3}^{\circ}$  ; skin moist ; pupils equal, small ; brows knit. Complains of feeling cold ; continues talkative and noisy. P.M.—Pulse 64 ; resp. 16 ; temp.  $99\frac{1}{3}^{\circ}$ .

12th, p.m.—Pulse 64 ; resp. 16 ; temp.  $99\frac{1}{3}^{\circ}$ . Continues to be talkative and noisy, both by day and night. Pupils equal, contracted ; tongue white.

13th, p.m.—Pulse 60 ; resp. 20 ; temp.  $99\frac{1}{3}^{\circ}$ .

15th, p.m.—Pulse 80 ; resp. 20 ; temp.  $99\frac{1}{3}^{\circ}$ .

18th, p.m.—Pulse 58 ; resp. 16 ; temp.  $99^{\circ}$ . Is much quieter.

20th, p.m.—Pulse 60 ; resp. 16 ; temp.  $98^{\circ}$ . Is now much as he was before the attack.

CASE 7.—J. H—, male, æt. 31. Admitted October 20th, 1864. Tried at Leeds for murder, August, 1864. Found insane.

*State on Admission.*—Chest sounds normal. When questioned about the crime, he sheds tears, and can hardly control himself ; says that he had not slept for a week before the commission of the act ; that eighteen months since he was desponding and sleepless, but that he recovered himself after a time.

March, 1865.—Is restless and excitable ; face flushed.

September.—Has been quiet and unexcitable for a considerable period.

May, 1866.—Is again excitable and restless ; says that he wakes up at night with a feeling of dread, as if the world were coming to an end. Complains of pain in the left frontal region.

November 15.—Had been quiet since last report, until this evening, when he rushed out of his room, took up a chair, and broke seven panes of glass in the gallery.

February, 1867.—Has been quiet, and employed in garden since last report. During the intervals he is perfectly rational; has no delusions. He always tells the medical officer when an attack is coming on, and asks to be secluded, in order that he may do no harm to any one.

March 21st.—In bed; face flushed; conjunctivæ injected. Pulse 80; resp. 24; temp.  $97\frac{1}{2}^{\circ}$ . Says that he felt yesterday as if he must commit some act of violence; complains of much pain in his right frontal region; did not sleep last night. P.M.—Pulse 80; resp. 20; temp.  $98^{\circ}$ .

22nd, a.m.—Pulse 60; resp. 20; temp.  $98^{\circ}$ . Headache much better, but he had no sleep last night.

April 8th.—Is now recovered.

August 25th.—Remained well until to-day. This morning he was seen by me lying on a bench in the day-room in a sleepy, stupid state; face flushed; complains of feeling ill, and says he wishes to go to bed. P.M.—Pulse 64; resp. 16; temp.  $99\frac{1}{2}^{\circ}$ ; face flushed; sclerotic injection of both eyes, pupils equal; no paralysis; tongue brown; bowels confined.

26th, a.m.—Could not sleep last night. Says people visited him and tormented him; head feels heavy. Pulse 48 (full); resp. 16; temp.  $99^{\circ}$ . P.M.—Pulse 48; resp. 16; temp.  $98\frac{1}{2}^{\circ}$ ; face still flushed, and eyes injected; lies with eyes partly closed.

27th, a.m.—Pulse 48; resp. 16; temp.  $98^{\circ}$ ; says he feels mazed; could not sleep last night.

28th, a.m.—Pulse 80; resp. 16; temp.  $98^{\circ}$ ; says he feels much better; manner more natural, and less excited. P.M.—Pulse 80; resp. 16; temp.  $98^{\circ}$ .

29th, p.m.—Pulse 44; resp. 16; temp.  $99^{\circ}$ ; does not feel so well this evening; face flushed; brows knit.

30th, p.m.—Pulse 48; resp. 16; temp.  $99\frac{1}{2}^{\circ}$ ; is still restless and unsettled.

September 1st.—Is now nearly recovered.

CASE 8.—A. H—, æt. 44. Admitted June, 1863. Tried at Devizes, 1861, for larceny, and sentenced to eight months' imprisonment. Became insane during imprisonment. Sent to Devizes Asylum in 1861. Is subject to attacks of recurrent mania. During one of these attacks the following notes were taken.

April 13th, 1867, p.m.—Pulse 84; resp. 20; temp.  $98^{\circ}$ . Tongue furred; face flushed; bowels confined. Is noisy, and talks continually in an incoherent manner. The sentences she utters appear to have a sort of rhythmical cadence.



August 15th, p.m.—Pulse, 64; resp., 20; temp., 98°. Continues much as yesterday.

16th, p.m.—Pulse 60; resp. 24; temp. 98°.

17th, p.m.—Pulse 60; resp. 20; temp. 98°. Is now recovering.

*Conclusions.*—From the cases here given (and from others of which I possess records, of which the temperature reached even a higher degree, viz. 100° to 100½°), it appears that in some examples of uncomplicated mania the temperature is above the normal standard, though not considerably, and that in some other examples it remains normal. Although the number of examples is not nearly sufficient to justify any definite conclusion as to the pathological condition of the encephalon in each order of cases, yet the balance of probabilities would appear to lean somewhat to the side of the idea that there exists an overfulness of the capillary blood-vessels of the membranes or of the cortical substance in the former class, and not in the latter; and perhaps the thermometer may at some future time serve as a guide in the diagnosis, prognosis, and treatment of such cases.

In none of the cases did I find any notable depression of temperature below the normal line.

CASE 9.—C. C—, male, æt. 40.

*History.*—Tried at Middlesex Sessions for larceny, after previous conviction, in August, 1864. Sentenced to seven years' penal servitude. Became insane during servitude. Admitted into Broadmoor Asylum April 9th, 1866.

*State on admission.*—No abnormal signs in chest; pupils, equal act to light; no strabismus; ophthalmoscopic examination shows nothing abnormal, save very slight cupping of the papilla in both eyes; right ear is "shrivelled;" tongue, protruded straight with difficulty, is tremulous; speech very indistinct; muscles of lips and face tremulous; there is no hemiplegia; face smooth; gait unsteady; he walks with legs wide apart, and drags his toes; he can button and unbutton his waistcoat, and pick up small objects, but has difficulty in directing the movements of his fingers; swallows with difficulty; his food is minced for him. He is continually wet; last night he passed a motion in his bed. There is no loss of sensation in tips of fingers, palms of hands, or face.

*Mental state.*—He sits in his chair, eyes half-closed, in a semi-doze, with hands on knees. Gives no answer to questions, save that when asked how he is, he says, "I am all right," and laughs. Occasionally talks to himself, repeating the same phrase, "The lagging is done!"

Feb. 14th, 1867.—Has remained much in the same state as on

admission until last evening, when, whilst having a warm bath, he became faint. He was ordered to bed at once.

His state on February 14th was as follow:—Pulse 96; resp. 24; temp. 101°. Skin feels hot to hand; face flushed; pupils equal, contracted, do not act; twitches of muscles of face most marked on right side; no hemiplegia; twitches and tremulousness of muscles of upper limbs. When uncovered he seems to be much distressed; tries to replace the clothes, and says, "The head say he must be quiet." Passed his motions and urine under him in the night. He recovered in a few days from this attack, but the paralysis was increased somewhat afterwards.

August 8th.—Had another fainting fit to-day. Is now in bed, is drowsy, and stupid; no convulsions. Pulse 64; resp. 20; temp. 98°.

12th, p.m.—Still remains in bed. Tongue white; skin dry; pupils equal; no convulsions; is very heavy and stupid; face flushed; no abnormal chest signs. Pulse 84; resp. 16; temp. 100½°.

13th, p.m.—Pulse 100; resp. 16; temp. 101½°.

14th, p.m.—Pulse 100; resp. 16; temp. 102°½. Continues much as on Aug. 12th.

15th.—Sleeps nearly all day; face flushed. P.M.—Pulse 80; resp. 20; temp. 100¾. Sweating profusely.

18th, p.m.—Pulse 58; resp. 16; temp. 99°. Is much better, and more lively. Asks what o'clock it is on seeing a watch, and seems inclined to talk.

20th.—Is much as before the attack. P.M.—Pulse 60; resp. 16; temp. 98°. I quote this case of general paralysis mainly on account of its being an example of the truth of the statements of Ludwig Meyer, and of Dr. Saunders, that during the congestive attacks to which such patients are subject when epileptiform fits come on there is elevation of temperature. I have not found, however, as the latter physician's observations seem to have led him to believe, that there is any abnormal depression of temperature in such patients, at least not when care is taken to supply them with a sufficient amount of food and warmth.

The phrase made use of by this man, "The head say he must be quiet," expresses well the usual condition of this class of patients. They dislike to be disturbed, cover themselves over when the bedclothes have been turned back, cry out when they are being washed, object to have their soiled garments removed. (These peculiarities have not unfrequently been the cause of charges of cruelty being unjustly brought against attendants and others.) They are most happy and contented when left alone. There is no hyperæsthesia of the skin; at least I think not. They will, if allowed, sit in front of the fire until the skin is actually scorched without complaining.

*A few Observations on the Treatment of a Certain Class of Destructive Patients, as pursued at the Colney Hatch Asylum.*

By THOMAS BEATH CHRISTIE, M.D., Medical Superintendent of the North Riding Asylum, Clifton, York.

I QUITE feel with the Superintendent of Colney Hatch Asylum, as he has said in his first paper, that a "dispassionate consideration of a subject" is the best course to pursue when seeking after "Truth." Unhappily, stung and provoked by a reply, emanating from a gentleman who, though only an "assistant" physician, has evinced a fitness to attain a higher position, he has soon forgotten the position he started to uphold, and has launched out into an invective that is scarcely to be wished for in the pages of a Journal that lays claim to a scientific character.

I certainly regret that our "principles," when fairly laid before our professional brethren, are to be made the handle for a personal attack; and trust that, in now attempting to combat, in a slight degree, the treatment as shadowed forth from the metropolis I may not provoke anything beyond that earnest desire to collate facts which may enable us to carry on our Christian calling in the speciality we have chosen.

Far be it for me to stand forward as the exponent of a more enlightened system than appears even in "single dormitories, ranged side by side, and lined with kamptulicon, linoleum, india-rubber, or some other durable yet yielding substance, which constitute soft and pleasant surroundings for a naked patient," &c.; but, as a superintendent of a large asylum, with an experience ranging over some years, I feel reluctant to allow such "therapeutic" treatment to be laid before the profession as the result of all our knowledge and experience. Surely we must have degenerated to the time when Medicine was not deemed an art, but as belonging to the workers of Magic, as I fail to detect in this proposed method of treatment any *modus operandi* for calming a noisy, destructive maniac, beyond that which the revered Dr. Conolly was so instrumental in destroying.

The great argument for the kind of treatment proposed by Dr. Sheppard appears to rest on the opinion that, in these cases of destructive mania, the skin is hyperæsthetic, and that therefore the patient is intolerant of clothing. Now, is this really the case? Is the skin so much above the normal temperature as to warrant this assertion? The tables adduced by Dr. S. W. D. Williams go far to prove the contrary, and that in reality (excepting cases of organic disease) there is no increase in the temperature. My experience

fully confirms this statement, as several cases examined by Cassella's thermometer at this asylum have failed in showing any increase in heat. Again, has not Dr. Sheppard ever observed that these very destructive cases who are "so intolerant of clothing" during the night will, with ease and comfort, bear their clothing during the day; thus disproving in a most complete manner the untenable position he occupies. Surely, then, if such is really the case, we can find some other means of alleviating the sufferings of these unhappy ones than that of letting "nature" attempt to cure itself, and the disease pass unheeded as beyond our reach.

I am convinced that these cases are often extremely difficult of treatment, but yet fail to detect, even in the plan shadowed forth by Dr. Sheppard, anything that would do more than degrade the high calling of physician to the level of "asylum keeper," instead of, as should be the case, to elevate us as the ministers of solace, comfort, and restoration to the mentally alienated. I would, in condemning this "do-nothing treatment," suggest that, in allowing the paroxysm of destructiveness to expend itself, we are in most instances confirming and tutoring these habits, till they veritably become "incurable." When drugs have failed (which we must expect will sometimes be the case), and all other means at our disposal have fallen helpless before us, then, and then only, should we abandon the patient to this passive restraint.

I have found, in many instances, that the cause of this destructiveness may be traced to neglect on the part of the attendant, added to a want of proper action of the various secreting glands; in exciting the latter somewhat, and causing the former to pay more attention to his duty, I have rarely failed, after a very short period, to modify the habit, and thus lay the foundation of a further amelioration. How many instances, too, have I seen where linen sheets have been intolerable, while the blanket has acted as an excitant to the skin, and thus prevented the desire to destroy?

Speaking in general terms, the plan I would recommend in the treatment of these cases, is to insist on a large amount of exercise in the open air daily, combined with a free and generous diet, not being too sparing in the administration of stimulants, especially brandy, as that is by far the most sedative as well as stimulating of the various alcoholic remedies, and full doses of Tinct. Opii. or Liq. Opii. Sed. frequently. A comfortable bed is an essential which should be supplied; blankets, quilted on good strong canvas, being used as coverings, as these cannot be easily torn; and thus the excitement produced by the first sound of tearing not being easily provoked, sleep will overtake the patient before the general destructive tendency sets in. This practice, if persistently pursued, will be found in the course of a few days to bring about the happy result aimed at, though of course, as I have before stated, failure must occa-

sionally be looked for; but disappointment need not be experienced, as the practical physician knows that nature will often baffle his art, and not unfrequently appear to hold him up to the ridicule of the ignorant.

It must be understood that the above is not intended as the plan of treatment I would pursue where this destructiveness is a symptom of "General Paresis," as in these cases I would warn the physician against the use of stimulants, as tending to aggravate rather than ameliorate the symptoms, but to pursue the treatment by combining half a drachm of Tinct. Digitalis with ten minims of Tinct. Opii. three times daily in the place of the brandy.

Without in the slightest degree casting censure on the Medical Superintendent of Colney Hatch, who complains of the "sensation" articles in the newspapers, may not the cause for them be traced to the large number of patients placed under his care, and the consequent prevention of his paying that thought and attention which are demanded in these difficult cases. No one, I am sure, would wish to stigmatise his treatment as "cruel," but I think he must admit that there are other plans more rational, and certainly more "humane," than the placing a patient for a night in a padded room unheeded till the morning.

I trust, although very brief, I have said enough to convince the unbiassed that, after all, there need not be any fear of retrogression, but that the enlightened treatment of the insane, as instituted by Pinel, will go on progressing, till this most distressing of all diseases will be treated with that sympathy and watchfulness which its nature demands.

*A Few Words in Answer to Dr. Edgar Sheppard.* By S. W. D.  
WILLIAMS, M.D., &c. &c.

I AM very loth again to take up the time of the readers of this Journal on the subject of the "treatment of a certain class of destructive patients," but Dr. Sheppard, in the last number,\* has in many places so misunderstood my meaning, and consequently so misrepresented my facts, that I cannot allow his paper to pass without endeavouring briefly to rectify some of the more glaring discrepancies.

\* "Some further Observations in reply to Certain Strictures upon the Treatment of a certain class of Destructive Patients." By Edgar Sheppard, M.D., Medical Superintendent of the Male Department of Colney Hatch.

The points I would thus call attention to are :—

- I. *Dr. Sheppard's assertion that I was specially requested by the Editors of the 'Journal of Mental Science' to write my article in the July number.*
- II. *His complaint of my inaccuracy—whether it is correct.*
- III. *His misrepresentation of certain points in the treatment I advocate.*
- IV. *His remarks on the too energetic use of certain powerful medicines in insanity.*
- V. *His experiments and conclusions on temperature in destructive and maniacal patients.*
- VI. *His attempt to prove that my physiology is opposed to that held by Dr. Brown-Séquard.*
- VII. *His complaint that an assistant medical officer should have written calling in question his views.*
- VIII. *Various extracts from foreign scientific journals, showing the injury Dr. Sheppard's paper has already done.*

I. Within the first two pages of his article, Dr. Sheppard twice refers to myself as an advocate especially retained by the Editors of the 'Journal of Mental Science' to publish a system of treatment contrary to, and therefore condemnatory of, the novel one he has himself propounded; and in one passage he sneeringly puts in antithesis two sentences of mine, without the least reference to the context, and which consequently appear to contradict one another. He writes—"Invited by me in general terms to a dispassionate consideration of an important subject, he puts himself individually forwards, at 'the request of the Editors of this Journal,' to propound a system of which, nevertheless, he adds, he is not 'the authorised exponent.' " By so writing, Dr. Sheppard has entirely perverted my meaning, and lays himself open to the charge of inaccuracy which he has so indignantly urged against myself. I must deny, and indeed never attempted to make it appear, that I was specially requested by the Editors of this Journal to write my paper, and, as must appear to all in reading it, in stating that I wrote "at the request of the Editors of this Journal," I simply referred to their foot note to the article Dr. Sheppard wrote in the number for last April, in which they "ask from some members of the association the results of their experience in the treatment of the troublesome class of patients referred to in Dr. Sheppard's paper." This may appear, and is in truth but a trifling matter; nevertheless it at least illustrates the inaccuracy I complain of.

II. Dr. Sheppard considers he has "a right to complain" of my "inaccuracy," because I base my disapproval of his treatment on the method as it was really carried out by his orders at Colney

Hatch, and not on a hypothetical *ex post facto* system of treatment which he expounded after the Commissioners in Lunacy had had their attention drawn to the real treatment adopted, and with which he cleverly attempts to draw off attention from the question at issue. Well, let us humour Dr. Sheppard for once; he complains of my picture of the four bare walls and the wooden floor as being unfortunate for the patients entrusted to his care, although the fact is yet much too matter of fact, and with all a poet's licence he paints a glowing picture of "soft surroundings," and "unirritating wrappings," and of "a few single dormitories ranged side by side, and lined with kamptulicon, linoleum, india-rubber, or some other durable yet yielding substance," which "would constitute soft and pleasant surroundings for a naked patient." Truly may we exclaim, in the words of Cicero:—"Nihil tam incredibile est, quod non dicendo fiat probabile; nihil tam horridum, tam incultum, quod non splendescat oratione, et tanquam excolatur." But does Dr. Sheppard really believe in all this, or is he only laughing at our beards. Let us recal his sensational and startling picture of the destructive patients he would place in these delightful rooms. He writes—"The worst subjects . . . will destroy padded rooms, sheets and blankets and strong rugs they rip to shreds, and have only their full measure of satisfaction when they have reduced themselves to a state of complete nudity," &c. &c. And these are the people we are told to put naked in rooms "lined with kamptulicon, linoleum, india-rubber, or some other durable yet yielding substance." Does Dr. Sheppard mean, in sober earnest, to affirm that the patients just described, who tear down padded rooms, &c., with so marvellous a facility, would respect such tempting substances as kamptulicon or india-rubber? I trow not; and I ask any one conversant with the ways and habits of the insane whether, if a destructive patient were placed naked in such a room, he would not immediately begin to work with his nails and teeth on the "durable yet yielding substance," until he had worked a hole, when the total destruction of the "soft surrounding" would very quickly follow?

If I remember correctly, it was on the score of expense that the four bare walls and the wooden floor system was first inaugurated. I fancy that the destruction of such expensively-fitted dormitories as the above, would cover in the way of expense the tearing up of very many sheets and rugs.

III. Another point I complain of is the manner in which my clinical record of treatment has been misrepresented.

In my report of the case of H. F—, appears the following sentence:—"At one time  $m \times$  doses of dilute hydrocyanic acid were given him every fifteen minutes daily (!) until the pulse was affected, *but all with no benefit.*" (The note of admiration and the italics are

Dr. Sheppard's.) I am willing to allow that this sentence may, at first sight, appear a little involved, but I think I have a right to complain at its being so distorted as it is by Dr. Sheppard's additions. "*Nihil est quin male narrando possit deprivari.*" He evidently wishes to make it appear that this poor man had  $m \times$  of dilute hydrocyanic acid every fifteen minutes throughout each day, and he totally ignores my limit "until the pulse is affected." Now, he must know that if such a course had been pursued, the patient would, long ere this, have been a fit subject for a coroner's inquiry. All who have thus prescribed hydrocyanic acid must be aware that four, or at the most, six doses at such intervals would have had the desired effect ("the influence on the pulse").

It may be remembered by the readers of this Journal that the hydrocyanic acid treatment was first brought to the notice of the profession by Dr. Kenneth McLeod, in some admirable papers published by him in the '*Medical Times and Gazette*,' about four years ago, and reprinted in this Journal.

Criticising the same case, Dr. Sheppard talks of this "unhappy martyr, H. F—," of the "great risks" he was subjected to by such "heroic treatment," and of the wonder he lived through it, and finally he is pleased to make merry at my expense. "Nature," writes Dr. Sheppard, "is wonderfully kind and restorative to some of us, and baffles the well-meant but mistaken energies of the most enthusiastic physician, while he is playfully and illogically regarding her triumphs as the result of his skilful art." But let those laugh that win. This man is now as sane as ever he was in his life. When he was admitted into this asylum he weighed 9st. 10lbs.; when the medicine was omitted, twelve months afterwards, he weighed 13st. 10½lbs. This does not look as though he had been brought through any very severe ordeal in the interim. Moreover, these desirable results were brought about without its being considered necessary to turn him into an empty room, without bedding or clothing.

IV. "There is something within," writes Dr. Sheppard, "which tells me that nothing can justify the pushing of an heroic remedy to such an extreme as is advocated in the last number of our Journal," for "there is no remedy that produces a more deadly faintness and indescribable prostration than digitalis." There is something within which tells me that if I prescribed medicines with so little judgment and care as to constantly produce "such deadly faintness and indescribable prostration," I would, to say the least, be very loth to publish my incapacity to the world. But although this effect of digitalis is all very true, if the digitalis be given in sufficiently large and powerful doses, yet the whole gist of my argument went to prove that, if given in mania judiciously and in carefully-regulated doses, and



always providing that there is a skilled person at hand with time and opportunity to watch its effects, it produces the very opposite results, and the patient becomes calm and grows fat on it, as I have already shown in the case of H. F.

Furthermore, my experience differs very materially from Dr. Sheppard's in many of his descriptions of cases. Thus, he says, general paralytics prefer nudity. I have always found them peculiarly sensitive to cold; they huddle themselves up together, crowd round the fires, and at night, when sleeping, almost invariably cover their heads over with the clothing. When they are destructive, is it not due rather to the laboured promptings of their diseased brains than to any special desire for nudity? Often when they have amused themselves by tearing up everything, they place the chamber utensil on their heads, and employ the weary hours of their solitude in tying and twisting the shreds of their clothing all around their persons. And as to a patient "alluding in terms of gratitude to his permitted nudity," who, I ask, can seriously fancy the dreadful cases referred to by Dr. Sheppard having sufficient command over their ideas to make any such speech.

Dr. Sheppard says that Dr. Davey, who has practised our specialty in a tropical climate, has "seen the naked negro panting at the line," whatever that may mean, "and would as soon have thought of wrapping up a destructive lunatic in cobwebs as of fettering him with any sort of clothing." I totally fail to perceive in what way this can bear on our subject. Because in a tropical climate a mad negro is allowed to go naked, that being, it must be remembered also, his natural condition when sane, therefore, in our temperate zone and variable climate, a destructive patient, who when sane was accustomed to the clothing civilisation dictates, is also to go naked! Dr. Sheppard accuses me of being illogical, but I might, if disposed, retort on him as being more illogical still.

But what is the end, what is the conclusion at which Dr. Sheppard wishes us to arrive, after a careful perusal of his paper? It appears to me that there is but one conclusion, and all his arguments would tend to point to it. It is that we must surrender our high and honourable office of healing insanity, of ministering medically to the mind diseased, and descend simply to superintending it. The title of medical superintendent will become a misnomer, and must for the future be given up; the prefix medical must be dropped, and the word superintendent or governor adopted. The actions of medicines are uncertain and imperfectly understood; they are liable to abuse, therefore they must be abandoned. The *vis medicatrix naturæ*, which seems to be to the new school of psychiatrie their sole pharmacopœia and the god of their idolatry, is to be the only allowable therapeutic agent, although the vivid imaginations of this new school of prophets have not as yet been

able to propound what this remedy is to effect in the deadly disease of general paralysis. Dr. Sheppard declares that he is not alone in his views, and that they are shared by others of our associates. But when skilful physicians, men learned and experienced, thus declare their incapacity to grapple with their enemy, surely this is an argument in favour of increased labour and experimentation, rather than for quietly folding our hands before us and blindly trusting to Providence.

V. Dr. Sheppard's conclusions on temperature in insanity are founded on so admittedly limited an experience that they scarcely require refutation. He examines four healthy men on three different occasions, and from these few observations fixes the normal temperature of the healthy human body at  $96^{\circ}7$ . I, however, with all due deference, prefer still to adhere to the standard as fixed by Dr. Aitken, in his work on 'The Science and Practice of Medicine,' viz.,  $98^{\circ}4$ . And as Dr. Sheppard owns himself that the average temperature of four destructive and maniacal patients whom he examined thermometrically, was  $98^{\circ}3$ , which is but very slightly above what I set it in my paper, I still adhere to my statement that there is no appreciable elevation of temperature beyond the normal standard in such patients.

VI. At the end of his paper, Dr. Sheppard has endeavoured to hold me up to ridicule, as attempting to propound an opinion on a physiological point opposed to Dr. Brown-Séquard's expressed views. That "anæsthesia is accompanied by a diminution of temperature, and hyperæsthesia by an increase," are truisms I never attempted to disprove; and I am at a loss to imagine in what portion of my paper Dr. Sheppard finds I endeavoured to do so.

VII. The whole tone of the paper under consideration renders it so evident that those who run may read, that great soreness is felt by its author that an assistant medical officer should have had the temerity to call in question the "well-matured statements and avowed belief" of a metropolitan medical superintendent. But I would ask, who acts in the most "unmeasured and immodest manner," the medical man who objects to the treatment of another medical man, with whom he is totally unconnected, and expresses his reason for so doing, or the medical superintendent who, in the face of the recorded opinion of the visiting justices, whose servant he is, and of the Commissioners in Lunacy, to say nothing of nearly the whole medical press, persists in parading and defending, before the eyes of the public, a plan of treatment which has been almost unanimously condemned, and which he has been forbidden to practice in his asylum, on the ground of its being "inconsistent with modern civilisation, and unwarrantable in this philanthropic age?"

I should be the last to defend an assistant medical officer who attacked his own immediate superior; but that no assistant medical officer is to express views opposed to those held by any medical superintendent, is a postulate no unbiassed person can hold, and besides is eminently detrimental to the progress of science.

It would not be considered "unmeasured and immodest" for an assistant physician of one of the London hospitals to express different views from those already published by the senior physician to another hospital; and why Dr. Sheppard should make such a grievance of my publishing a plan of treatment opposed to his own I cannot understand, especially as I am careful not to vaunt the system as my own, but as the plan I have seen adopted at the Sussex Asylum—although, if it came to a matter of experience between us, I think I may consider mine as the greater, as, *even officially*, I have been connected with asylums longer than Dr. Sheppard, and can, moreover, lay claim to having superintended the whole of a large asylum for more than twelve months, an experience more varied and instructive than the medical charge of one side of an overgrown metropolitan asylum, and that, moreover, the male department, which is always the least troublesome side of an institution for the insane.

VIII. In my paper already referred to I stated that one of my reasons for writing it was a great unwillingness that Dr. Sheppard should "offer himself unchallenged as the exponent, before our Continental brethren, of the practice of the English non-restraint system," being fearful of the handle they would make of his paper to attack it. This fear, as the following extracts will show, has, I am sorry to say, been fulfilled.

*From the 'Archiv für Psychiatrie und Nervenkrankheiten.' Edited by Dr. W. Griesinger, Dr. L. Meyer, and Dr. C. Westphal.*

"*An Excrescence on the Non-restraint System.*—In the April number of the 'Journal of Mental Science' for this year, Dr. Sheppard, the medical superintendent of the male department of Colney Hatch, has published a paper in which he enunciates original views on the treatment of a certain class of excited patients who constantly undress themselves or tear their clothing and bedding. He bases these on the theory that the skin of those patients is hyperæsthetic, and the temperature abnormally high, that hence the clothes are an annoyance, and that we are wrong in preventing those patients from undressing themselves. Acting on this theory he leaves them naked, locked up in padded rooms, and he is evidently

of opinion that physicians and patients, as well as the property of the asylum, are thus alike best considered.

"In consequence of information given by an attendant, Dr. Sheppard had his treatment called in question by the commissioners and the committee of visitors. His practice was entirely condemned, and the committee of visitors gave him positive instructions in accordance therewith.

"In the beginning of July I visited Colney Hatch, and was accompanied round the asylum by Dr. Sheppard's assistant, he, unfortunately being engaged. Despite the instructions of the committee I saw several maniacal patients, some stark naked, shut in the padded room, others—these being quiet general paralytics—lying under a coverlid without a shirt. The assistant-physician accompanying me neither found fault with the attendants, nor gave instructions that the patients should be clothed, as I thought the position of affairs required; on the contrary, he appeared to view the occurrence as in the natural course of events. My companion, indeed, willingly listened to my remarks, but I did not succeed in convincing him of the error of such treatment, imbued as he evidently was with the Sheppardic theories. How, then, does it happen, I must ask, that an asylum physician like Dr. Sheppard, who admittedly devotes himself with the greatest zeal to the care of his patients, and whose honourable character is acknowledged by all, should have arrived at such a delusive theory? The explanation lies simply in Colney Hatch itself. An asylum with more than 2000 patients and only two directing physicians, one for the male, the other for the female department, each with only one assistant physician, and, excluding head attendant, one attendant for twelve patients is indeed an impossibility, and impracticable with or without restraint.

"In either case, neglect of the patients must follow such a colossal numerical concentration. In practice he who can read the sign sees clearly, as regards the patients, this failure written up on the whole asylum. *Yet it must result that the opponents of the non-restraint system will quote Dr. Sheppard's practice in support of restraint.* See, they will say, whither this lauded non-restraint system leads us. Instead of methodically restraining the patient, it prefers to leave him naked, knocking himself about in his cell. Against such arguments I would desire boldly to defend the supporters of the non-restraint system.

"Non-restraint, understanding by the term not merely the disuse of the straight-jacket, but rather in the spirit of Conolly's teaching, the constant and unwearied care for the patient, so that all appeal to force is avoided, such realisation of the non-restraint system is not known in Colney Hatch, and cannot be so, so long as the numerical relations I have above referred to remain, except indeed under the

rarest accident and through the exertions of some singularly gifted physician. Practice such as I have referred to is not an argument against the non-restraint system, but only against asylums of the enormous size of Colney Hatch, which indeed resembles anything rather than a hospital.

"Dr. Sheppard has further had the unhappy inspiration to defend his practice on scientific and theoretical grounds. I may, however, spare myself the trouble of refuting his arguments, inasmuch as they have with one voice been rejected in England, where they have received a spirited exposure by Dr. Williams ('Journal of Mental Science,' July, 1867).

"It would, moreover, appear that Dr. Sheppard has only had a limited experience in the treatment of the insane, in which he has been entirely self-taught. If I am not wrongly informed, he was appointed to his important charge at Colney Hatch before he had an opportunity of becoming practically acquainted with the treatment of mental disease.

"I would not have mentioned Dr. Sheppard's name in this notice—knowing him to be one of the most esteemed superintendents in England—were it not that in Germany many intentional, as well as unintentional, misrepresentations of the form of treatment with which his name is connected will occur.

"I would guard against the opinion being held of any question herein depending of the inefficiency, or indeed injurious influence of the non-restraint system, and still more of such things being common events in the English asylums. So far from these practices witnessing against the non-restraint system, they merely show in what that system does not consist, and the merit of the many English asylums in which that system truly and in spirit is adopted, only stands out the brighter by the contrast."—*I Heft.* 1868.

This notice bears the initial of Dr. C. Westphal, Privat-Docenten an der Universität Berlin, one of Professor Griesinger's co-editors.\*

\* Since the above translation went to press, the following annotation appeared in the 'British Medical Journal,' a paper which is always in advance in information concerning insanity.

**"THE TREATMENT OF LUNATICS AT COLNEY HATCH ASYLUM.**

"The following statement occurs in the first number of Professor Griesinger's new and excellent journal, 'Archiv für Psychiatrie und Nervenkrankheiten.' It is signed 'W.'

"When I visited Colney Hatch early in July last, I was conducted through the asylum by Dr. Sheppard's assistant, he himself being unfortunately prevented from accompanying me. Notwithstanding the instructions of the committee, I saw several patients, some of whom (maniacal) were shut up in cells perfectly naked, while others (quiet paralytics) lay in bed without shirts. The gentleman who accompanied me neither blamed the attendant nor gave any directions for clothing the patients: the practice seemed to be the usual one. He readily entered into my arguments against it, but evidently shared Dr. Sheppard's views; and I did not succeed in convincing him by the discussion of the impropriety of such a procedure. . . . The adversaries of non-restraint will not fail to claim the case of Dr. Sheppard in the interest of restraint. 'See,' it will be said, 'what your boasted

*From the 'Vierteljahrsschrift für Psychiatrie,' herausgegeben von Professor Dr. Max Leidesdorf, und Docent Dr. Theodor Meynert.*

In the first number of the New Vienna Quarterly Journal on Psychiatrie, edited by Professor Leidesdorf, an analysis is given of Dr. Sheppard's original paper, and to this Dr. Leidesdorf appends the following observations:—

"The Editors of the 'Journal of Mental Science,' he writes, 'add in a note that they cannot accept Dr. Sheppard's views, and they ask illustrations from their confrères as to how such cases of destructive mania are best dealt with. At any rate it appears to us, from a consideration of this paper, that the English non-restraint system, of which Dr. Sheppard asserts himself to be a strenuous supporter, strangely contradicts itself when brought to the test in these trying cases.'—*I Heft.* 1867.

*From the 'American Journal of Insanity' for July, 1867.*

"This affair has called forth a letter from Dr. Edgar Sheppard, medical superintendent of the male department of the Colney Hatch Asylum, in which he comments with great force and justice upon the reckless greed of newspaper conductors for sensational stories, without regard to consequences, and upon the extravagant expectations of the public in regard to the care of the insane. He says, truly, that there are patients whom no possible means can prevent from denuding themselves, from destroying their clothing, and smearing their persons with their own filth. It seems to us, too, that his explanations fully meet the charges of neglect and abuse made against his institution. The letter contains, however, certain theories in regard to the destructive propensity in mental disease which we cannot fully accept. They do not lack plausibility, and are set forth with much skill, but give us, notwithstanding, the impression of having been framed to meet the practical difficulties of the doctrine of non-restraint. How, then, are patients, who will destroy padded rooms and tear the strongest rugs and blankets into shreds, to be managed? There is no other way, in the disuse of restraint, but that of turning them naked into rooms bare of everything that can serve for clothing or protection. Such an alternative, the Commissioners say, 'is unheard of in this philanthropic age, and

non-restraint leads to! Instead of properly restraining the patient, you prefer letting him rave naked in his cell!

"The writer goes on to point out that his experience at Colney Hatch was quite exceptional, and attributes what he saw there to the impossibility of properly managing so vast an asylum with its present staff of medical officers. Nevertheless, he heads his paper, 'The Fruits of Non-restraint.'—*British Medical Journal*, November 30.

such circumstances admit of no sort of justification.' We do not wonder that Dr. Sheppard feels compelled to find some other plea for refusing to employ sufficient restraint in such cases than that it would 'rob the patients of their pleasurable sensations.'

"As we have said, Dr. Sheppard's arguments are not a little ingenious, and we may now and then find a case like the one described by the writer which may be cited in their support. But it seems to us impossible, for one who has had any considerable experience of acute mania, to suppose that the propensity to destroy clothing has more to do with the temperature or sensibility of the skin than that to destroy windows or to overturn whatever comes in the way. Maniacal fury is connected with delusions just as various as the cases in which it occurs, and the nature of these delusions has no constant relation to anything in the mental experience or the external circumstances of the patient, so far as has yet been ascertained.

"Of the paretic class of destructive patients, he says that 'the expiring energies of life seem to be concentrated upon ripping and tearing everything that comes within reach.' That is, the tendency to destroy is general, as we stated it to be, usually, in mania: This agrees with our experience of this class, and we see nothing in this destructiveness to prove that 'the soft and unirritating wrappings of the atmosphere' are indicated as the appropriate clothing.

"Dr. Sheppard also finds confirmation of his views in the fact that 'in some cases of general paralysis this dermal hyperæsthesia and elevation of temperature are not continuous, but liable to fluctuation; the destructive mania then commonly fluctuates with it.' We cannot think it very remarkable that the dermal sensations should be heightened in the same ratio as the cerebral excitement, or that a maniacal paroxysm should be accompanied with increased heat of skin.

"But it is hardly necessary to pursue this subject. No one can perceive more clearly than we do the evils which flow from the use of restraint in the treatment of the insane, and all who endeavour to control those evils have our hearty sympathy. Use, however, is not necessarily abuse, and those who can see no other way of preventing the latter than by advocating the entire abolition of restraint, must expect to meet with numerous practical and logical difficulties."  
—*American Journal of Insanity*, July, 1867.

*On Aphasia or Loss of Speech in Cerebral Disease.* BY FREDERIC BATRMAN, M.D., M.R.C.P., Physician to the Norfolk and Norwich Hospital.

APHASIA is the term which has recently been given to the loss of the faculty of articulate language, the organs of phonation and of articulation, as well as the intelligence being unimpaired. The pathology of this affection is at the present time the subject of much discussion in the scientific world; the French Academy devoted several of their *séances* during the year 1865 to its special elucidation, and the Medical Journals of France and of our own country have lately contained a good deal of original matter bearing upon this obscure feature in cerebral pathology.

In a short paper published in the 'Lancet' for May 20, 1865, I drew attention to the existing state of our knowledge of the pathology of aphasia; since that period I have had occasion to make researches among various British and foreign authors, and having noticed a certain number of curious observations bearing upon this interesting subject, I have thought it not a useless task in this short essay to give a *résumé* of the labours of scientific observers in various parts of the world, who are endeavouring to elucidate this complex question, adding thereunto the result of my own personal experience, the clinical history of my own cases being given with a considerable amount of detail.

From time immemorial loss of speech, unconnected with any other paralytic symptom, must have been noticed; but it is only of late that the diagnostic value of this symptom has been recognised, and its pathology attempted to be explained; and it is probable that early observers may have confounded paralysis of the tongue from disease of the hypoglossus, with that loss of the memory of words, and inability to give expression to the thoughts which characterise aphasia.

It has been stated that Hippocrates confounded aphasia with aphonia; I am inclined, however, to think that the reputation of the Father of Medicine has suffered from the fault of his English translator, for in his 'Epidemics' he describes a disease characterised by *sore throat and hoarseness of voice*, using the phrase "*πολλοὶ φάρυγγας ἐπόνησαν φωνὰ κακούμεναι*," the last two words of which have been erroneously rendered in English "*loss of speech*!" In another place Hippocrates clearly distinguishes between loss of speech and loss of voice, by employing the words "*ἄναυδος*" and "*ἄφωνος*" in the description of the same case.

The following passage from Sauvages shows that the distinction was clearly understood by him: "*Aphonia est plenaria vocis sup-*



pressio. Mutitas (quibusdam alalia) est impotentia voces articulatas edendi, seu sermonem proferendi."

As this subject has more particularly engaged the attention of French pathologists during the last few years, it is most convenient to consider first their researches.

The minute anatomy of the surface of the brain not being to my knowledge described in any English author with the same amount of detail as occurs in M. Broca's description, I have condensed the following account from his work, "*Sur le Siége de la Faculté du Langage Articulé.*"

The anterior lobe of the brain comprises all that part of the hemisphere situated above the fissure of Sylvius (which separates it from the temporo-sphenoidal lobe), and in front of the furrow of Rolando, which divides it from the parietal lobe. The furrow of Rolando separates the frontal from the parietal lobe; it traverses from above downwards all the external surface of the cerebral hemisphere, starting from the inter-hemispheric median fissure, and ending at the fissure of Sylvius; in front this furrow is bounded by the transverse frontal convolution, and behind by the transverse parietal convolution. The anterior lobe is composed of two stories or divisions, one inferior or orbital, the other superior, situated beneath the frontal and under the most anterior part of the parietal. This superior division of the anterior lobe is composed of four fundamental convolutions, one posterior, the others anterior. The posterior is that which has been described as the *transverse frontal*, and which forms the anterior border of the furrow of Rolando; the three other convolutions have all an antero-posterior direction, and are distinguished by the names of superior or *first frontal*, *middle or second*, and *inferior or third, frontal convolutions*. This last by its posterior half forms the superior border of the fissure of Sylvius, the inferior border being formed by the superior convolution of the temporo-sphenoidal lobe. In drawing asunder these two convolutions which bound the fissure of Sylvius the lobe of the insula is exposed, which covers the extraventricular nucleus of the corpus striatum. The result of these relations is that a lesion which is propagated from the frontal to the temporo-sphenoidal lobe, or *vice versa*, will pass almost necessarily by the lobe of the insula, and from thence, in all probability, it will extend to the extraventricular nucleus of the corpus striatum, seeing that the proper substance of the insula which separates the nucleus from the surface of the brain is composed of only a very thin layer.

As far back as 1825 Bouilland placed the faculty of articulation in the frontal lobes of the brain, which he considered to be the organs of the formation of words and of memory; and he stated that the exercise of thought demanded the integrity of these lobes;

he also collected 114 observations of disease of the anterior lobes accompanied by lesion of the faculty of speech.

Andral, who has investigated the subject very fully, analysed 37 cases, observed by himself and others, of lesion of one or both of the anterior lobes, and found that speech was abolished 21 times, and retained 16 times; when the lesion was unilateral, however, he has not stated on which side the morbid condition existed. He has also collected 14 cases where speech was abolished without any alteration in the anterior lobes, but where the lesion existed in the middle or in the posterior lobes. He cites the case of a woman, eighty years of age, who, three years before entering the hospital, was suddenly deprived of speech, without lesion of the intelligence, motion, or sensation, and retaining the power of walking about; she presented, however, signs of organic disease of the heart, and died at last of pulmonary apoplexy. At the necropsy there was found in the left hemisphere softening of cerebral substance on a level with, and external to, the posterior extremity of the corpus striatum; and in the right hemisphere, a similar softening at the junction of the anterior and posterior half of the hemisphere.\*

Then comes Dr. Dax, who places the lesion exclusively in the *left* hemisphere; basing his theory on the fact that when the subjects of aphasia are at the same time hemiplegic, the paralysis is always on the *right* side, his essay containing no less than 140 observations in support of his views.

His son, Dr. G. Dax, following in the wake of his father, wrote an essay, in which, whilst confirming the theory as to the lesion being in the left hemisphere, he localised it more especially in the anterior and external part of the middle lobe.

The *ne plus ultra* of pathological topography, however, was reserved to M. Broca, who defines the seat of lesion in aphasia to be "*the posterior part of the third frontal convolution of the left hemisphere!*" M. Broca's views are detailed at some length in the proceedings of the Paris Anatomical Society for 1861, and the following is a brief summary of the two cases upon which he has founded his somewhat startling theory.

A man named Leborgne, 50 years of age, and epileptic, was admitted into the surgical ward of M. Broca, at Bicêtre, for phlegmonous erysipelas, occupying the whole of the right lower limb. When M. Broca questioned him about the origin of his disorder, he only answered by the monosyllable "*Tan*," repeated twice, and accompanied by a gesture of the left hand. On making inquiries, it transpired that this man had been an inmate of the hospital in another wing for twenty-one years; that he had been the subject of epilepsy since infancy; that he had followed the occupation of a lastmaker

\* '*Clinique Médicale*,' chap. iv, observ. xvii.

up to the age of thirty, when he lost his speech, but no information could be elicited as to whether the loss of speech had come on suddenly, or had been ushered in by any other symptom. On his admission at Bicêtre he is stated to have been intelligent, understanding all that was said to him, and differing from a perfectly healthy man only in the loss of the faculty of articulate language, for whatever question was put to him, he invariably answered by the monosyllable "Tan," which, with the exception of a coarse oath ("S—n—de D—"), composed his vocabulary. At the end of ten years, a new symptom showed itself in weakness in the motor power of the right arm, which gradually resulted in complete paralysis of the right side, and he had already been bedridden seven years when the occurrence of a surgical complication rendered it necessary to transfer him to the ward of M. Broca, who, in describing his *then* condition, states that there was no distortion of face, the tongue was protruded straight, the movements of that organ being perfectly free in every direction; mastication was unimpaired, but deglutition was effected with some difficulty, this being however due to commencing paralysis of the pharynx, and not to paralysis of the tongue, for it was only the third period of deglutition which was difficult; the voice was natural, and the functions of the bladder and rectum unimpaired. : The patient having died in six days, a careful post-mortem examination was made, when all the viscera were found healthy, with the exception of the encephalon; the muscles of the right upper and lower extremities, however, were in an advanced stage of fatty degeneration and shrivelled up. The bones of the cranium were somewhat increased in density, the dura mater thickened and very vascular, the pia mater considerably injected in certain places, and everywhere thickened, opaque, and infiltrated with yellowish plastic matter of the colour of pus, but which, examined under the microscope, did not contain any pus-globules. The greater part of the frontal lobe of the left hemisphere was softened; and the destruction of cerebral substance had resulted in a cavity of the size of a hen's egg and filled with serum; the cavity was situated upon a level with the fissure of Sylvius, and was caused by the destruction of the inferior marginal convolution of the temporo-sphenoidal lobe, the convolutions of the island of Reil, and the subjacent part or extraventricular nucleus of the corpus striatum. In the frontal lobe the inferior part of the *frontal transverse convolution* was destroyed, as also the posterior half of the *second and third frontal convolutions*, the loss of substance being most apparent however in the third frontal convolution. The weight of the encephalon after the evacuation of the fluid filling the cavity did not exceed 987 grammes (35 ounces), being less by 400 grammes (14 ounces) than the average weight of the brain in men of fifty years of age.

M. Broca then compares the result of the autopsy with the clinical

observations during life; he considers that the primary seat of mischief was probably in the third frontal convolution, extending gradually to the others, and that this process of disorganisation corresponded to the first stage of the clinical history, which lasted ten years, and during which period the faculty of speech alone was abolished, all the other functions of the body being intact; the second stage, which lasted eleven years, and which was characterised clinically by partial paralysis, and then complete hemiplegia, he connects with the extension of the disease to the island of Reil and to the extraventricular nucleus of the corpus striatum.

A man, aged 84, formerly a navigator, was admitted into the surgical ward at Bicêtre on the 27th October, 1861, for a fracture of the neck of the femur. This man had been received into the hospital eight years before for senile debility, there being at that time no paralysis, and the organs of special sense and the intelligence being unimpaired. In the month of April 1860 whilst descending a staircase he fell, suddenly became unconscious, and was treated for what was considered to be an attack of apoplexy; in a few days he was convalescent, there never having been the least symptom of paralysis of limbs, but since the fit he had suddenly and definitely lost the faculty of speech, being only able to pronounce certain words articulated with difficulty; his intelligence had received no appreciable shock; he understood all that was said to him, and his brief vocabulary, accompanied by an expressive mimic, enabled him to be understood by those who lived habitually with him. He continued in this condition up to the time of the accident which caused him to be transferred to the surgical ward under the care of M. Broca, to whose questions he only answered by signs, accompanied by one or two syllables pronounced hastily and with visible effort. These syllables had a definite meaning, and consisted of the following French words—"oui, non, trois (for trois), and toujours." He also possessed a fifth word, which he only pronounced when he was asked his name, he then answered "Lelo," for Lelong, which was his proper name. The three first words of his vocabulary corresponded each to a definite idea. When he wished to affirm or approve he said "oui," employing the word "non" to express the opposite idea. The word "trois" expressed all his ideas of numbers, but as he was aware it did not correctly convey his thoughts, he rectified the error by gesture: for instance, when asked how long he had been at Bicêtre, he answered *trois*, but raised eight fingers. When asked what was o'clock (it being then ten) he answered *trois*, and raised ten fingers. Whenever the three other words were not applicable, he invariably used the word *toujours*, which consequently for him had no definite meaning. There was no paralysis of the tongue, which was protruded straight, and was moveable in every direction, each half being of the same thickness; sight and hearing were good, degluti-

tion was normal, and there was no paralysis of limbs, nor of the rectum or bladder.

M. Broca sums up the symptoms by calling attention to the following salient points: 1st, that the patient understood all that was said; 2nd, that he applied with discretion the four words of his vocabulary; 3rd, that his intelligence was unimpaired; 4th, that he understood numbers; 5th, that he had neither lost the general faculty of language nor the movement of the muscles concerned in phonation and articulation; and that therefore he had only lost the faculty of articulate language. The patient died in twelve days. Autopsy.—The bones of the cranium were somewhat thickened, and all the sutures ossified; the dura mater was healthy; the arachnoid cavity contained a considerable quantity of serum; the pia mater was neither thickened nor congested. The encephalon weighed, with its membranes, 1136 grammes (40 ounces), being far below the average weight of that of adult males. The right hemisphere, the cerebellum, the pons varolii, and the medulla oblongata, were in a perfectly normal condition. In the left hemisphere the lesion was limited to a loss of substance in the *posterior third of the second and third frontal convolutions*, a small cavity having been thus formed which was filled with serum. The walls of the cavity and the neighbouring cerebral tissue were firmer than usual; there were present some little spots of an orange-yellow colour, apparently of an hæmatic origin, and microscopic examination revealed the presence of blood crystals. The lesion then was clearly not softening, but the seat of a former apoplectic clot; and it will be remembered that the patient suddenly lost his speech in an attack of apoplexy eighteen months before his death.

In alluding to the above two cases, M. Broca says that in the first case—that of Laborghno—it is only by comparing the different stages of the disease as observed during life with the post mortem appearances, that he assumes the high probability of the lesion having commenced in the third frontal convolution; but in the second case—that of Lelong—there being no other symptom than loss of speech, and the lesion being strictly limited to the second and third frontal convolutions, he considers the aphasia was uncontestedly due to disease of that portion of the nervous centres. Whilst admitting that two cases are insufficient to resolve one of the most obscure and disputed questions in cerebral pathology, M. Broca considers himself justified in asserting that the integrity of the *third frontal convolution* (and perhaps of the second) appears indispensable to the exercise of the faculty of articulate language.\*

A later writer of the French School, Dr. J. Falret, has collected from various authors no less than sixty-two cases, in the arrangement

\* 'Sur le Siége de la Faculté du Langage Articulé,' p. 39.

of which he adopts the following classification: 1st, all those cases in which the patients, whilst retaining intelligence and integrity of the organs of phonation, can only remember or articulate spontaneously certain words or classes of words, or even certain syllables or letters, but who can repeat and write any word that may be suggested to them by others. 2nd. Those who are only able to pronounce spontaneously certain words, syllables, or phrases always the same, not being able to repeat other words dictated to them, and who yet retain the power of writing, or even of reading. 3rd. Those more rare cases in which the patients can only pronounce certain words always the same, which, aided by gesture, enable them to express their thoughts, the power of reading, writing, and repeating words dictated being abolished. Dr. Falret admits that this classification is artificial, and probably does not embrace all the varieties met with in practice.\*

Professor Trousseau has made this subject a prominent feature in his clinical lectures, where he details several most interesting cases in which, when hemiplegia existed, it was with one exception always on the right side.†

During several months of the session of 1865, the French Academy of Medicine became the arena for discussion upon this most interesting subject, in which many of the leading physicians and surgeons took a part. At one of these meetings M. Trousseau gave the result of his statistical researches, and stated that in 134 observations collected by himself, 124 were confirmatory of M. Dax's proposition of localizing the faculty of speech in the left hemisphere, and 10 were contrary. With regard to M. Broca's theory of attributing aphasia to a lesion of the third frontal convolution, he found that 14 cases were in favour of it, and 18 opposed to it; amongst the latter he mentioned the case of a woman treated at La Salpêtrière by M. Charcot for right hemiplegia with aphasia, and where after death there was found a lesion of the left insula, and also of the third frontal convolution of the *right* side.

M. Trousseau also cited a case observed by M. Peter, the subject of which was a woman who had left hemiplegia, and who could only say, "*Oui, parbleu !*" who died from the effects of senile gangrene, and at whose autopsy a lesion was found of the third frontal convolution of the *right* side, also of the insula and of the posterior part of the corpus striatum, there being also embolism of the middle cerebral artery. Here, says M. Trousseau, are two cases of aphasia, with a lesion on the *right* side.

At another of these discussions M. Velpeau alluded to the fact of M. Bouillard having offered many years since a prize of 500 francs for any well authenticated case in which the two anterior lobes were destroyed, or more or less seriously injured, without speech being

\* 'Des Troubles du Langage,' p. 5.

† 'Clinique Médicale,' tom. ii, p. 571.

affected, saying that he (M. Velpeau) should claim the prize on the faith of the following case, with specimen, which he presented to the Academy twenty-two years ago. In the month of March, 1843, a wigmaker, sixty years of age, came under M. Velpeau's care for a disease of the urinary passages. With the exception of his prostatic disease, he seemed to be in excellent health, was very lively, cheerful, full of repartee, and evidently in possession of all his faculties; one remarkable symptom in his case being his *intolerable loquacity*. A greater chatterer never existed; and on more than one occasion complaints were made by the other patients of their talkative neighbour, who allowed them rest neither night nor day. A few days after admission this man died suddenly, and a careful autopsy was made, with the following results:—Hypertrophy of the prostate, with disease of the bladder. On opening the cranium a scirrhus tumour was found, which had taken the place of the two anterior lobes! Here then was a man who up to the time of his death presented no symptom whatever of cerebral disease, and who, far from having any lesion of the faculty of speech, was unusually loquacious, and who for a long period prior to his decease must have had a most grave disease of the brain, which had destroyed a great part of the anterior lobes. The debate at the Academy of Medicine closed without this learned body having arrived at any definite decision in reference to the localization of the faculty of speech.

Several very interesting observations have been recorded in the the French press, most of which are more or less corroborative of Broca's views, or at least of the association of loss of speech with lesion of the *left* hemisphere.

In the 'Gazette des Hôpitaux' for July 1st, 1865, Dr. Lesur mentions a remarkable case of a child, who, in consequence of a fracture of the frontal bone caused by a kick from a horse, was trepanned about one inch and a quarter above the left orbit. The child recovered, but during the progress of the treatment it was observed that pressure on the brain at the exposed part suspended the power of speech, which returned as soon as the pressure was removed.

Another case of traumatic aphasia has recently occurred in the practice of Dr. Castagnon, the subject of it being a young girl, aged 20, who was shot in the head, the accident resulting in a comminuted fracture of the antero-superior portion of the left parietal; although there was no depression of bone, several spiculæ were removed, and there was subsequently hernia cerebri and sphacelus of the protruded portion, which was removed by ligature. There was a comatose condition for six days, dextral paralysis and complete loss of speech for a month, at the end of which time she could speak, her vocabulary, however, being limited to four phrases, "*Mon Dieu! Jesus! mon père, ma mère.*" At the expiration of a year the paralysis

had subsided, and the patient resumed her occupation, but although the intelligence was as perfect as before the accident, the young girl spoke but very little, and with great difficulty.\*

An interesting case was observed a few months since at the Hospital St. Antoine by M. Jacoud, the subject being a man aged 44, suffering from Bright's disease, who, without any premonitory symptom, suddenly became aphasic, there being no other paralytic symptom except a limited facial paralysis. The aphasia was of short duration, and at the end of five weeks he spoke nearly as well as before, but soon sank from disease of the kidneys. At the post-mortem there was observed fatty degeneration of both kidneys; insufficiency of the mitral valve, which was covered with small vegetations; the arteries of the circle of Willis were healthy, and there was no disease of the grey matter of the convolutions, but there was a limited and well-defined softening of the white substance in the immediate neighbourhood of the third frontal convolution of the left anterior lobe, great stress being laid on the fact that the convolution itself was in nowise affected.†

The next three cases I have to mention are instances of the lesion of the third frontal convolution without aphasia, but as the lesion was on the *right* side, they may be adduced as *negative proofs* of the truth of M. Broca's theory.

M. Fernet has recorded a case of left hemiplegia without aphasia in a female aged 36, and at whose autopsy the entire frontal lobe of the *right* hemisphere was broken down by softening. In the 'Gazette Hebdomaire' for July, 1863, M. Parrot relates a case of complete atrophy of the island of Reil, and of the third frontal convolution on the *right* side, with preservation of the intelligence and of the faculty of articulate language. M. Charcot has recorded the case of a woman, 77 years of age, who had left hemiplegia without embarrassment of speech, or loss of the memory of words, and at whose autopsy there was found yellow softening of the surface of the *right* frontal lobe, the second and third frontal convolutions being completely destroyed, and there being no lesion of the central parts of the brain.

I need scarcely remark that cases like the three just mentioned, of lesion on the *right side without aphasia* are quite as valuable in a statistical point of view, and tend as much to settle the *questio verata*, as cases where the converse condition exists, viz., lesion on the *left side with aphasia*.

I now arrive at a class of cases which have a directly opposite pathological signification to those above mentioned, the six following observations being all calculated to invalidate the recent theories as to the seat of articulate language.

\* 'Gazette des Hôpitaux,' Oct. 12, 1867.

† Ibid., May 16, 1867.



M. Peter relates the case of a man who fractured his skull by a fall from a horse. After recovery from the initial stupor there succeeded a *remarkable loquacity*, although after death it was found that the two frontal lobes of the brain were reduced to a pulp (*réduits en bouillie*).

In Trousseau's 'Clinique Médicale,' the following case is recorded:—In the year 1825, two officers quartered at Tours quarrelled, and satisfied their honour by a duel, as a result of which one of them received a ball which entered at one temple and made its exit at the other. The patient survived six months without any sign of paralysis or of lesion of articulation, nor was there the least hesitation in the expression of his thoughts till the supervention of inflammation of the central substance which occurred shortly before his death, when it was ascertained that the ball had traversed the two frontal lobes at their centre.

M. Charcot, who has collected a number of observations more or less corroborative of M. Broca's assertions, has however recorded the case of a woman, aged 47, who from a fit of apoplexy suddenly became hemiplegic on the right side and aphasic. Her intelligence was unaffected, and memory reported as good, but her articulate language was reduced to the monosyllable "Ta," which she was in the habit of repeating several times over ("Ta, ta, ta, ta"), very rapidly and very distinctly, every time she tried to answer any question or to communicate her own ideas; the tongue was perfectly free, and could be moved in every direction. After death it was found that softening had destroyed the first and second convolutions of the temporo-sphenoidal lobe, the island of Reil, the extra-ventricular nucleus of the corpus striatum, and the intraventricular nucleus in its posterior half, the optic thalamus being intact; the frontal convolutions presented no alteration either in volume, colour, or consistence, the examination being conducted with the greatest care, and even in the presence of M. Broca, who frankly admitted this case to be at variance with his hypothesis.\*

A woman, aged 73, was admitted into the Salpêtrière under M. Vulpian, her only symptom being loss of the power of speech, there was no paralysis of limbs, and M. Vulpian looked upon this patient as a type of aphasia. After a few days she became hemiplegic on the right side, and died of pneumonia five weeks after admission. At the autopsy softening was observed to a considerable extent in the posterior half of the supraventricular white matter of the left hemisphere, there being not the slightest indication of any lesion of the frontal or other convolutions; there was, however, obstruction of the left middle cerebral artery, caused partly by atheromatous thickening of the walls and partly by a fibrinous deposit evidently of a recent date, the result rather of a thrombosis than of an embolism.

A navigator, aged 42, was admitted into the Hôtel Dieu, under the

\* Broca, *op. cit.*, p. 6.

care of M. Trousseau, on 25th March, 1865. The sister of the ward, deeming him to be in extreme danger, began to exhort him to think about his last moments, when she received for an answer, "*N'y a pas de danger.*" Soon afterwards the dresser arrived, and to his first question the patient replied, "*N'y a pas de danger.*" Second question, same answer. It was evident that the man was aphasic, and the discovery that there was paralysis of the right side of the body confirmed the diagnosis. There was marked rigidity of the right upper extremity, the forearm being strongly flexed upon the arm; the tongue was protruded straight, and was freely moveable; the right half of the face was paralysed, but the orbicularis palpebrarum was unaffected. Some weeks after admission he seems to have forgotten his old formula, for to every question he answered, "*Tout de même.*" Death occurred after four months' residence in the hospital, when the necropsy gave the following results. Almost the entire left hemisphere was converted into a vast cavity, having the appearance of a true cyst, the walls of which were formed above by a very thin layer of cerebral matter flattened and even softened, and which was adherent to the much-thickened pia mater; in front and behind, all the remaining cerebral substance was yellowish and much softened. The orbital convolutions, the island of Reil, and the first and second frontal convolutions were in a perfectly normal condition; the third frontal convolution was pronounced healthy in that portion (the posterior third or half) which bordered the fissure of Sylvius and the furrow of Rolando, but it was evidently softened and almost destroyed in its upper part, where it was included in the general softening of the hemisphere, which also involved the corpus striatum and the thalamus opticus; the middle cerebral artery was not obliterated. This examination was made in the presence of Professors Trousseau and Guillot, and whilst showing the care with which this subject is being investigated by the French faculty, it possesses an additional interest from the fact that when the autopsy was completely finished and the brain mutilated by the successive slices that had been made, M. Broca arrived, and declared that the postero-external part of the third frontal convolution was yellow and softened, and that it had been thought healthy because it had been looked for where it did not exist!\*

The last case to which I shall allude under this head is recorded by M. Langaudin of Nice, the subject of it being a soldier, who discharged the contents of a pistol through the mouth, the ball traversing the arch of the palate in the median line; the patient lived two months, and speech was unaffected, although after death it was found that the anterior lobe of the left hemisphere was entirely destroyed by suppuration.†

\* 'Gazette des Hôpitaux,' Sept. 28, 1865.

† Ibid., April 29, 1865.

I conclude the history of the French contributions to the literature of aphasia by a brief allusion to Dr. Ladame's essay on lesions of speech in connection with tumours of the brain. From his researches it would seem that derangement of speech is not common in cerebral tumours, he having observed it only 44 times in 332 observations. According to Dr. Ladame's valuable statistics, tumours of the corpus striatum and of the pons varolii are more frequently attended by loss of speech than those occurring in any other part of the encephalon. He found that tumours in the *middle* lobes were more frequently accompanied by lesion of speech than those occupying the *anterior* lobes, in the proportion of five to four. These curious results have led Dr. Ladame to dissent from the doctrine which would place the seat of articulate language in the anterior lobes.

(To be continued.)

## OCCASIONAL NOTES OF THE QUARTER.

### *The Sanity of Louis Bordier.*

THE trial of Louis Bordier, a Frenchman, for the wilful murder of the woman with whom he had cohabited for thirteen years, has afforded another painful illustration of the extremely unsatisfactory method of procedure followed in our courts of justice when the insanity of the prisoner is suspected or alleged.

There had been occasional quarrels between him and his paramour; he was unable to support her, and she was resolved to leave him. Bordier deliberately determined to cut her throat, the throats of their three children, and finally his own throat. This resolution he communicated in a coherent letter addressed to his brother, and written on the night of the murder—the night before the woman was to have left him. He wrote:—I have taken the resolution for the last fortnight of taking away my life as well as that of the woman with whom I have lived for thirteen years, as also those of my children." The reason which he assigned for this determination was "to save myself as well as my family from misery." He hopes that God will pardon him "the sin he was going to commit," and begged "those gentlemen of the jury who will make inquiry over me not to return a verdict 'that this man is insane,' as it is said, I believe, always. I have all my faculties at the moment that I write these lines." Courage failed him to carry his resolutions into effect fully—he cut

the poor woman's throat while she was asleep in the night, but the sight of the blood so unnerved him that he proceeded no further than the first act of the tragedy.

There could be no question as to who was the murderer, for Bordier calmly acknowledged what he had done; nor could there be any doubt of the crime having been premeditated, and deliberately perpetrated, with a full knowledge of its nature. The defence set up for the prisoner was that of insanity—a defence, unhappily, so often made the last resource in a desperate case. The only evidence in support of the plea for the defence was that of Mr. George Simpson, a practitioner in the Old Kent-road, who had been called in at the time of the murder. It was as follows:—

Mr. George Simpson.—I am a physician and surgeon in the Old Kent Road. On the morning of the 3rd of September I was called to the house about a quarter past six o'clock, and found the deceased lying on a bed. She was still alive, but insensible. There was an incised wound on the throat, which divided the windpipe and arteries. It commenced under the angle of the right jaw, and went downwards in a slanting direction. It was about six inches in length and two inches in depth, and was the cause of death. I met the prisoner with the constable on the stairs, and I asked the constable who he was. The constable replied, "This is the man who did it, sir." The prisoner said, "Yes, I am the man." I allowed him to pass me on the stairs. He went upstairs and I followed him into the room where the deceased lay. He said to some one who stood in the way, "Allow me to pass," and then went to the bed, and leaning over it kissed the deceased. He went out of the room, and said to some one on the landing, "I have written a letter to my brother, telling him what to do, after I have carried out my plan, with any of the children that may be left." He mentioned some one who would translate the answer. He kissed one of the children that was brought to him, and then walked downstairs. I followed him. He sat down on a chair, and took out his pipe. The constable was present. I asked the latter where the instrument was with which the crime had been committed. He took it from his pocket. It was then covered with blood, coagulated, but not dry. The prisoner immediately rose from his seat, and came over to the policeman and me. I was looking at the knife in the policeman's hand. The prisoner said, "That is the knife, you know, I brought home on Saturday on purpose to do it with." After looking at the knife I said I wondered how the body was lying when the crime was committed. The prisoner rose from his chair and said, "I shall show you all about it." He then proceeded to tell me how the crime was committed. He said, "I got up about four o'clock, but my wife awoke and requested me to come to bed again, it being so early. I did so, and waited a little time until she fell asleep again. I then arose cautiously, stood in front of her, kissed her, shook her hands, and drew the knife in this manner (indicating it by a movement of his hand). Then," he said, "the blood came, which I did not expect." I said, "Did you not know there was blood in a human body?" He said, "Oh, yes, I knew that." I said, "Did you not expect it in that of your wife?" He replied "No, I cannot say I did." He then said, "She looked towards that door (pointing to that of a room in which the children lay), intending to go there, but of course my plan was that we should all die." He went to the door and showed me how he prevented her going in. He said, "She then went upstairs. I now," he continued, "intended to cut my own throat, but the blood prevented me." I said "How? The sight of it?" He replied, "No, it stood up like a

pillar or barrier," indicating by his hand what he meant, and that was that the pillar stood between his own throat and the razor. He added, "Of course I cannot do it now. Some one will have to come and cut my throat, for I cannot do it. I ought to have done it in another way, but had no material." I said, "Firearms!" He said, "Yes, I suppose that must have been it." He said that on drawing the knife it was very hard to do. I asked what ever made him think of doing such a thing. He said, "It was a necessity, sir; it was necessary for me to do it." He hesitated a minute, upon which I said, "You looked upon it as a duty, I suppose?" He said, "Yes, decidedly. It was right, was it not?" I asked why he had considered it a necessity. He replied, "Well, I shall not tell you now." The constable handed me the letter to which he has referred. The prisoner, who was then smoking, rose from his seat and said, "Yes, I wrote that letter on Sunday night." He repeated the substance of the letter, as to what he expected his brother was to do with the children. He said, "I only wrote it on Sunday night, although I had made up my mind a fortnight before to kill myself; but I could not part with my wife, and therefore I determined that she should die too, and go with me, as also the children." I asked him a little about his health, and to sit down. I inquired how he had been for some time. He replied, "Bad, very bad," adding that he had been operated upon. I again asked him how his health now was. He immediately said, "Oh, I am not insane." I looked at his tongue, felt his pulse, and put a few questions to him. I asked if he had sweated at night. He said he thought he had. I asked him in what state his mouth was when he got out of bed. He said, "Very dry." I said, "Parched?" He replied, "Yes, exceedingly so." He said his appetite was bad. I asked if he had any singing noises in his ears. He said he thought he had, but he was not very sure about that. I asked what time had elapsed since the operation was performed. He said he thought a few months. I said, "The disease must have been fistula." He replied that he thought it was. As to the wound, several arteries were severed, and also the veins. The blood from the arteries would spurt towards the chin unless the edges of the wound stopped it. There was no blood upon him, except a little on his shirt sleeve, as if it had been rubbed off another body.

In cross-examination by Mr. Sleight, witness said he had studied insanity as a science. He is a surgeon and also a physician. Fistula was of a decidedly depressing nature, as was also the system which generated it. The disease was the result of a general disorganization of the system—the tubercular system. Some diseases had a more depressing effect on the mental condition than others. Fistula was one. From his examination of the prisoner, and taking the attendant circumstances into consideration, he had formed an opinion as to the state of the prisoner's mind. That opinion was that he was insane at the time he committed the act and when witness was conversing with him.

By Mr. Poland, in re-examination.—Witness had read the letters, and should say the prisoner at the time he wrote them had not the power to do right, and did not know he was doing wrong. The letters were the offspring of a delusion—namely, that it was necessary he should die. There was a recognised form of insanity of that kind, and he was distinctly labouring under it. His manner and appearance indicated insanity. Witness believed that in him there was a complete deficiency of volition or control over a perverted train of thought, and over the acts which were the expressions of that form of thought, of which the crime itself was one. The prisoner believed in the delusion of the blood from the throat standing up as a barrier. Sane people were usually frightened at the sight of blood. Witness himself had almost fainted at the first sight of it. The prisoner had an abstracted appearance—a vacant look, without any appearance of moroseness. His tone of voice indicated insanity. It was that of a man who was thoroughly

satisfied with what he had done, and expected it to be appreciated. His manner was cool. He smoked a pipe, which witness should not have expected in a man who had committed such a crime, and immediately after he had committed it. There was also his previous history, about which witness inquired, and his extremely bad, consumptive state of health. (Mr. Poland read to the witness the letter written by the prisoner on the Sunday evening to his brother.) That letter, witness said, was apparently inconsistent with people's idea of insanity, but it was not inconsistent with the insane themselves. The memory was not lost in insanity, but the will was in abeyance. Insane people had written books. From his experience of the insane the passage in the prisoner's letter wishing to save his children the pain of hearing their father branded as a murderer did not alter his opinion. It did not show the prisoner was aware of the difference between right and wrong, but only that his memory of language was in active operation and perfect. Witness had been eight years in practice as a general practitioner. He had had experience in the treatment of lunatics, and had now two patients suffering from delusions.

Replying to Mr. Sleigh, he said he was both a member of the College of Surgeons and of the College of Physicians. Several hundreds of insane people had come under his cognisance. He had intended at one time to follow the study of insanity as a specialty. He should expect an idiot to know that murder was a crime, and still commit it. Judging from the letter, he should conclude the prisoner knew he was going to commit a crime against the laws of God and man; but from his experience of what he had known insane men write, and do after they had so written, he should expect that he had not the power to appreciate the legal quality of the act. As to the expression in the letter, in which he said he had all his faculties about him, witness should have been disappointed if he had not written that, for insane men always thought they had all their faculties about them. When he said to witness he was not insane, it was to him an additional proof that he was insane, considering the manner in which he said it, and his appearance. It was difficult to describe the appearance of an insane man, but from witness having seen 400 or 500 insane people in his time, the prisoner gave him the idea of an insane man.

By Mr. Poland.—He was thirty-five minutes in the prisoner's company, and did not see him afterwards until he was at the police-court and now.

The surgeon and the governor of Horsemonger Lane Gaol and the surgeon and the governor of Newgate Prison gave evidence that they had seen the prisoner daily while he was under their care, and that they had observed no indication whatever of insanity. After the usual trite observations regarding the criterion of legal responsibility by the counsel for the prosecution, and the usual vague and passionate appeal by the counsel for the defence, both gentlemen evincing their entire ignorance of the nature of insanity, the presiding judge summed up in an impartial and careful manner, and the jury, after a short deliberation, returned unanimously a verdict of *Guilty*. Bordier was sentenced to be hung, and the sentence was carried into execution on October 15th.

We cannot be at the pains to analyse in detail Mr. Simpson's evidence—the only evidence in support of the plea of insanity—or to comment upon his manner of searching for and discovering indications of insanity. His evidence certainly contained something

which is true of insanity abstractedly, but very little, we think, which was true of the concrete case to which he made so violent an application of his theories. It is to be regretted that Mr. Simpson had not a much greater experience of insanity than he had, or that he had any knowledge of it at all; for it is impossible to help thinking that his judgment suffered by reason of the little knowledge which is a dangerous thing, and the bias resulting therefrom.

The following remarks on the trial, which appeared in the 'Medical Times and Gazette,' so nearly express our sentiments, that we take the liberty of quoting them :—

The only evidence of insanity given was that of the surgeon called to the house at the time, Mr. G. Simpson, of the Old Kent Road, and some perfectly coherent letters written by the accused to his brother prior to the murder, in which he complained of having submitted to much misery for eight months past, and expressed his intention to kill his wife and children and then to take away his own life, stating that he had determined upon this a fortnight previously. They are the letters of a man completely in his sound mind, but utterly devoid of any proper sense of religious obligation or proper moral training. And that is all. They plainly state that he was about to commit the crime contemplated to save himself from misery as well as his family. More than anything else, they put one in mind of similar letters not uncommonly found when a Frenchman and his paramour have agreed together to commit suicide by the fumes of burning charcoal. Mr. Simpson said that these letters did not at all affect his opinion that the man was insane, and that he considered they were written under a delusion. When asked by the counsel for the prosecution, he explained that the delusion was "that he must die, and that it was necessary he should die, which was a very common form of insanity." To this explanation we must demur. The man gave distinctly a reason for his meditated crime—namely, the misery he was suffering; and no doubt he had suffered. Three months previously he had been in hospital for anal fistula, and although the bodily suffering had probably been relieved by the operation he underwent, it is not at all unlikely that the associated mental depression had not simultaneously disappeared. Such a consideration may be a fair ground on which to urge a commutation of the sentence of death, but it is not an argument to be used in support of a plea of insanity, except collaterally to other proof of a more decided character. And no such proof was forthcoming. The two governors and the two surgeons of the prisons in which Bordier had been confined since his crime had failed to perceive the least indication of mental disease, nor did the counsel for the defence presume to call witnesses in support of their allegation. They relied alone upon the letters and the opinion given by Mr. Simpson. And now let us see how Mr. Simpson's opinion was formed upon a matter respecting which a medical man cannot be too cautious, too diligent in inquiring into all the physical and mental antecedents in the life and habits of the individual in question, or too protracted in his personal observation. Mr. Simpson, it appears, saw the man shortly after the commission of the crime; he confessed to him that he was the man who did it, and showed him pantomimically how he did it. Such conduct and his coolness and self-possession at the time were quite in accordance with the letters put into court. Both, however, are, to Mr. Simpson's mind, indications of insanity. It is to be observed that Mr. Simpson had never had anything to do with the man before, and was only in his company thirty-five minutes. Yet this time was sufficient to convince him of the man's insanity, and even to determine the special form of insanity he was

labouring under. First of all, in Mr. Simpson's opinion, the man's manner and appearance indicated insanity. So also did the tone of his voice—"It was that of a man who was thoroughly satisfied with what he had done, and expected to be appreciated." Hence it seems clear that Mr. Simpson started with a prejudice in favour of the man's insanity, and the suggestive style in which he stated at the trial that he proceeded to question him—a style never admissible when the simple truth has to be elicited—was such as not unnaturally issued from such a preconceived notion. Is it any wonder that—forgetting that a foreigner has not the command of our language that an Englishman possesses—he discovered in the answers he received a confirmation of the view he had adopted? We shall not reprint all these questions and answers, inasmuch as they by no means tend to exhibit professional investigation in the most favorable light, or to lessen that distrust in medical opinion so commonly expressed both from the bench and by the bar in lunacy investigations. Perhaps the most extraordinary part of that gentleman's evidence, as given in the 'Times,' was this—that, "judging from the letter, he should conclude that the prisoner knew he was going to commit a crime against the laws of God and man, but from the experience of what he had known insane men write and do after they had so written, he should expect that he had not the power to appreciate the legal quality of the act." We can scarcely believe that this is a correct report of what Mr. Simpson said, for if it is it shows a confusion of ideas which must have been apparent at once to the legal minds engaged in the trial, if not to the jury. A man knew he was about to commit a crime, and yet did not know the legal quality of the act—that is, did not know it to be criminal. We are not disposed to lay entirely at the door of the medical profession all the absurdities they are taxed with, and all the mistakes they commit when called upon to give evidence in courts of justice. The legal theory, as well as the popular notion, appears to be that by virtue of his diploma to practise medicine, and also by virtue of his experience in the course of his practise, any general practitioner or physician ought to be qualified authoritatively to instruct the court by his skilled opinion upon all matters coming under its cognisance in the prosecution of criminal business that relate to the structure and functions of the human body, the detection and mode of action of poisons and other agencies producing death, and even to the most delicate psychological questions. The sooner this notion is dispelled, the better. It is true that although psychology forms no part of medical education in this country, instruction in medicine and surgery as they apply to such matters is given in the schools, but, like that given upon other subjects, it is, and, in the time allotted to study before examination, can only be, elementary; and after receiving his diploma a medical man, in ninety-nine cases out of a hundred, has quite enough to do in gathering experience upon those practical matters which relate to his daily duties, the cure or alleviation of disease. It is no slur upon the profession, then, to say that every member of our hard-working and, in its own strict department, highly trustworthy community, is not fitted to give an opinion upon subjects which, perhaps, he is not called upon to consider once in a year. Our members are placed by the law and custom in a wrong position, unfair to their body at large and unfair to themselves separately, and hence in one which leads them not rarely to bring medical learning generally into disrepute. From such a position those engaged in the ordinary practice of medical art ought to seek release, if not for their own reputation's sake individually, which is far more valuable than the paltry gain attaching to the present system, yet assuredly for the reputation of the order to which they belong. In the meantime, it would be far better to acknowledge incapacity where incapacity is felt, certainly to avoid volunteering opinions upon such delicate questions as the insanity of an accused



person. In the case before us we give Mr. Simpson full credit for the most excellent and kind motives and for full belief in his own theory, but we say that it is to be regretted that he compromised the profession by giving expression to an opinion in itself crude and unphilosophical, and formed upon what appears to have been a very brief and inadequate inquiry.

Holding opinions agreeing in the main with those expressed in this article, we are sorry that we feel compelled to differ from the view of Bordier's crime taken by some of our associates. Dr. Laycock, Dr. Wood, and Dr. Harrington Tuke have addressed letters to the medical journals, expressing their convictions of the insanity of Bordier. We reprint these letters at length, in order that our readers may have the full advantage of the arguments which they contain. Dr. Laycock writes as follows to the 'Medical Times,' commenting upon remarks which had appeared in that journal :—

SIR,—Will you pardon me the expression of my dissent from the opinions expressed under "Topics of the Day" regarding the case of Louis Bordier and the principles of jurisprudence in cases of alleged criminal lunacy? I have not seen the letters published in the 'Morning Star' to which you refer, but the quotations the writer gives us are sufficient for my purpose. It appears that Mr. Gowlland, the surgeon who attended Louis Bordier for fistula, has observed "great despondency" in these diseases of the rectum, and "melancholia and suicidal mania as a result." Upon this statement of facts the writer comments thus :—"Now, this kind of evidence appears to us very dangerous. The theory that connects homicidal mania with fistula is certainly novel. If it be a true one, St. Mark's Hospital ought to be placed under the Commissioners of Lunacy, and no patient should be allowed to go from it except under surveillance." Upon reconsideration of the matter, your writer will perhaps see that Mr. Gowlland states no theory of "*homicidal mania*," but states as a fact within his experience that these diseases are not uncommonly associated with despondency, and with melancholia and *suicidal mania* as a result. It is much the same as if a practitioner had stated as a fact within his experience that parturition and mania are not uncommonly associated. So that the jocose suggestion that St. Mark's Hospital should be placed under the Commissioners in Lunacy would apply with equal force to Maternity Hospitals. Why the facts stated by Mr. Gowlland (the truth of which is not questioned) should appear very dangerous to the writer is rather implied than expressed in the next sentences. "The simple question is—Did Bordier know that he was infringing the laws of the country in which he lived when he cut the throat of his paramour? If he did, he is amenable to those laws." Here the writer propounds a question of legal responsibility, certainly simple enough, but at the same time so comprehensive that three fourths at least of the insane under detention in hospitals or asylums would be hanged if found guilty of "*homicidal mania*." At page 419 you record "a horrible case of child murder under the influence of fanaticism or religious insanity." No one with even but a small experience of the insane can doubt the murderer was a lunatic. Yet he knew well his wife would prevent him committing the murder, and when she came in and found the deed done he said—"Go to the mayor, and tell him all," thus showing that he knew he was amenable to the laws, and therefore (following the legal *dictum*) legally responsible. In truth, however, the writer objects "that there is absolutely no evidence of insanity in the case

[of Bordier] besides his crime." Now, I must take the liberty of saying that the facts, even as stated by the adverse writer, are conclusive, to my mind, to the contrary. It is always more or less presumptuous to give an opinion on a case without seeing the patient, but I think there is no one familiar with insanity that will not agree with me in this opinion. The most dangerous thing in these cases is that the miserable sufferers are allowed to suffer on—suffering the greatest anguish that in my opinion human nature can suffer—until they murder those that are dearest to them; those, in short, for whom in their sound mind they would have died. So constantly is this observed in that particular kind of melancholia with which Bordier was affected, that it is probable he had a strong affection for his paramour before his brain gave way.

It is an old complaint that to acquit murderers like Bordier, on the ground of insanity, is very dangerous, because it tends to encourage murder by lessening that fear of death which is the only restraint some men are capable of. I am no advocate for the out-and-out abolition of capital punishment, but I am also satisfied the legal dicta as to insanity and the responsibility of the insane are wholly incompatible with that final resource of justice. Year after year bloodthirsty leaders have appeared in the newspapers, calling for vengeance on insane murderers, and year after year sensational paragraphs, headed "The Murder Epidemic," have served to stimulate judges and juries, and the insane have been duly hung as an example to others. Stubborn facts incontestably prove, however, that it is a pure hypothesis to suppose that it is expedient or useful to hang, or condemn to be hanged, miserable wretches, from disease, want, and despair, that hardened healthy ruffians may be frightened. To some minds, the uncertainty of the law must of itself be a temptation to try the chances, for it is a mere chance whether a man will be found guilty or not, or if found guilty whether he will be hanged or not. A Prichard may think he has as good a chance of escape as another, however insane that other may be.

It is "very dangerous" to perpetrate an outrage upon the fundamental sentiments of justice. I know, indeed, no more miserable sight than to see a poor lunatic or imbecile upon his trial for murder, with a strictly legal judge presiding, and mercilessly enforcing his knowledge-of-right-and-wrong dogma against the uncomprehending wretch at the bar, with all the appropriate technicalities. I do not blame him; I feel convinced he is doing what he strongly feels to be his duty in the repression of murder. Nay, I pity him, for when he leaves his court and lays his legal technicalities aside, the thought of the helpless, feeble-minded wretch that he has but lately condemned to die touches his humanity, and awakens something like suspicious regret, if not remorse; and the morrow perhaps finds him pleading for the convict he has sentenced to die.

One word as to these insane murderers. To them death ought to be welcome; it often is very welcome; and it is assuredly a happy release from a state of terrible anguish. Upon whom, then, does their punishment fall? Too often—too surely—upon their poverty-stricken widows and orphaned children. Such is the kind of justice, as it appears to me, that your critic pleads for.

I am, &c.

T. LAYCOCK.

Dr. Wood's letter is as follows:—

SIR,—Allow me to corroborate the statement contained in Mr. Gowlland's letter in reference to the case of the convict Bordier, on which you comment. It is quite true that extreme mental depression not unfrequently attends cases of fistula, and you may remember that, some ten years ago, a very sad case occurred in the person of an Italian named Buranelli, who became a patient in Middlesex Hospital on account of a very trifling fistula, and

whose mind was so much disturbed in reference to this fistula that he maintained, after it had entirely healed, that his bed was swamped with water escaping through it. Buranelli also committed a murder, and Mr. Mitchell Henry, the surgeon under whose care he had been in the hospital, was so strongly impressed with the conviction that he was of unsound mind, that he voluntarily came forward, and at the trial gave the clearest evidence in support of his opinion. It was most properly pointed out that not only did the wretched man entertain this distinct delusion, but that his character was changed, and that, being naturally mild and amiable, he had become violent and ungovernable; but, notwithstanding this, he was convicted and executed. It is, then, of some importance to remember that the case of Bordier is not used to support a new theory. The connection between fistula and an unsound state of mind is an established fact, and the cases of Buranelli and Bordier bear a striking resemblance to one another in various particulars. I cannot conclude without protesting against the doctrine that, if a person knows he is infringing the law, he is to be necessarily held amenable. The experience of every one who has had to do with the insane will support me in asserting that the great majority of insane persons know perfectly well when they are doing what is forbidden, and that unless we are prepared to ignore the mental condition of offenders, we must recognise the fact that they are influenced by different motives from those which guide persons of sound mind. Who shall say that a man, who is described by the surgeon who has watched his case as "in a state of extreme mental and physical depression," is of sound mind, and ought to be held responsible for his irrational acts? Surely hanging such a miserable being cannot be supposed to be the duty of a Christian people; it is much more likely to excite sympathy for the culprit than indignation for the crime. I am, &c.

W. WOOD.

Dr. Harrington Tuke wrote to the 'Lancet' the following letter:—

SIR,—It is officially announced that the sentence of death upon Louis Bordier is to be carried into effect on Tuesday next. There is but scanty time to debate the question whether in his and other such cases strict law is justice; I would, however, ask your powerful aid to bring under the notice of the authorities the considerations that seem to me to render Bordier's execution impossible, without further inquiry into his mental state.

Bordier was arraigned on the 27th of September last, for wilful murder. It was proved that he had cut the throat of the woman with whom he had lived for thirteen years, and had intended to kill his three children by her, and afterwards himself.

Dr. Simpson, the first medical witness for the prosecution, gave consistent and unshaken evidence to the effect that he had found distinct delusion in Bordier's mind; he had read the letters written by the prisoner before the murder, produced in court, and they evinced the presence of monomania; that the man's general appearance and manner were those of a lunatic; and the witness had no doubt that he was of unsound mind, and irresponsible for his actions. Dr. Simpson mentioned, incidentally, that, although in general practice, he had had considerable experience in cases of insanity.

Two other medical witnesses were called, one of them the surgeon of the gaol. The evidence of these gentlemen was simply negative; they had daily seen the prisoner since his committal, but had discerned no indication of insanity; they had not examined him as to any alleged delusions, nor as to the causes or the circumstances of his crime.

The counsel for the prisoner pleaded insanity for the defence, but called no witnesses, relying upon the evidence of Dr. Simpson, the insane nature of the documents in court, and the general history of the case.

Mr. Justice Montague Smith, in an able and impartial summing up, bearing, if anything, to the side of mercy, left the jury to determine whether the prisoner were insane or not, at the same time directing them to find him guilty if they thought he knew at the time of the murder the nature and quality of the act he had committed.

The jury unanimously brought in a verdict of "Guilty," and the judge then, with "evident emotion," pronounced the sentence of death upon the prisoner, who heard it with "stolid indifference," and, deaf to the "wailings" of his two little girls, walked unconcernedly from the dock.

I believe, and I speak not without considerable experience of such diseases, that Bordier is a "monomaniac," and if he be hung the cruel absurdity will be committed of inflicting capital punishment upon a lunatic, and fixing upon his kindred the unjust stigma of relationship to a responsible and cold-blooded assassin.

I am aware it will be said that insane homicides, by the English law, are responsible, and therefore Bordier is legally condemned; but if so, why should the prosecution by the crown be conducted as it was in this case, and has been in other cases? Why should not the lunacy have been admitted? The prosecution proved by their own witness, Mr. Simpson, that the prisoner was insane, they brought forward no medical evidence to controvert this opinion, except the negative testimony already described, and rested their case entirely upon the fact, that, insane or not, the prisoner might and did know that he was "doing wrong."

I do not believe that twelve men could be found who would unanimously bring in a verdict of wilful murder against a man actually, or even presumably, of diseased brain, unless they were bewildered by the legal doctrine that the prisoner's knowledge of the distinction between right and wrong is the sole point to determine. There are few English juries who would fail to see that, in the case of an *insane* man, the conclusion as to whether in a particular act he knew right from wrong, is one that no jury can arrive at, and upon which no doctor, specialist or otherwise, should venture to give a decided opinion. Except upon legal grounds, no jury would find a madman guilty of wilful murder. Judges are not less merciful than juries. In the case of Hatfield the judge virtually stopped the trial upon clear evidence being given that the prisoner was suffering under delusion. Recently, in the case of Townley, the learned judge impressed upon the jury the importance of the question as to whether the prisoner acted under "delusion;" and although the existence of any "delusion" was sworn to by only one unsupported medical witness, who was, moreover, entirely mistaken, the judge caused further inquiry to be made, and the prisoner was respited for that purpose. The case of Bordier stands upon no imagined "delusion," or false theory of insanity. The disease of brain in Bordier is shown by insane letters, by insane words, by insane intentions, and an insane act. Then, in his case, why should not inquiry be made? If, after due examination, he be pronounced sane, let him undergo his deserved punishment; if insane, send him to a criminal asylum; or, if the law inexorably demands his life, let him be hung as a declared "madman." Such an execution might lead to a revision of that ruling of the twelve judges which make the knowledge of right and wrong the test of responsibility; such a declaration will at least be common justice to the prisoner's family. It may be some consolation to them to think that there are some who, knowing the condemned to be insane, will acquit him of any moral guilt in the deed for which he suffers.

It must be remembered that those who defend the justice and expediency of condemning and executing a lunatic murderer can by no means urge that English law certainly requires his death. It is true that the twelve judges in recent days have decided that a lunatic is responsible if he knows right

from wrong ; but even they were not unanimous ; and such was not always the ruling of Hale, or Kenyon, or Erskine. "The execution of a madman," says the great Coke, "would be a miserable spectacle." And so late as 1832 we find Baron Gurney in the case of a lunatic homicide, charging the jury that they were sworn to try whether the prisoner be insane by the visitation of God, or whether of-deceit or covin he counterfeits insanity."

It is not much to ask that in such a case as that of Bordier, scientific examination of his mental condition be instituted. If found insane, surely he will not be sent to die in his sin ; time may restore his reason, give him opportunity for the earnest prayer, for the deep and real repentance of a healthy mind. The humanity of the old English law would not allow the capital punishment of a criminal who even became insane after condemnation ; because, "peradventure," had he been of sound memory, he might allege something in stay of judgment or execution." Are we less humane in the present day ? While more than a doubt remains as to the sanity of Bordier, can we send him to the scaffold ? The dispensation under which he suffers is more terrible than any that human vengeance can inflict upon him. If the present law of England now justifies the hanging of a lunatic, let such law be altered, as being contrary to the teaching of science, to the promptings of humanity, and to the dictates of common sense.

I am, sir, your obedient servant,

HARRINGTON TUKE.

We sympathise heartily with the earnest condemnation of the legal criterion of responsibility contained in these letters. No one who has any practical knowledge of insanity can do otherwise. What we fail to perceive in them is any real bearing on the particular question of Bordier's insanity, apart from the expression of the individual belief ; and most of what they contain might be admitted without the case being thereby carried one step further. Mr. Gibson, the surgeon of Newgate, wrote a letter to the '*Lancet*,' contradicting the description of his testimony by Dr. Tuke as negative, and stating that he had examined Bordier very fully on the subject of the murder, while he was under his care, and had not perceived any indication of insanity in him. Dr. Tuke again assumes that Mr. Simpson had discovered distinct delusion in Bordier's mind, but does not specify what the delusion was. Apparently, however, Mr. Simpson had persuaded himself that Bordier committed the crime under the influence of a delusion that "it was necessary he should die," although the supposition is not consistent with Bordier's own explanation of the motives which instigated him, as these are set forth in his letters. We are inclined to agree with Mr. Justice Smith, that it was questionable whether it was a delusion, and that the assumption of it as such "was one to be regarded with great caution." Equally untenable appears to us the supposition that Bordier believed in an actual pillar or barrier of blood standing up between the knife and his own throat, and preventing him from cutting it ; the real explanation being the very natural one, that, using Mr. Justice Smith's words, "when he saw the blood as it flowed from the throat of the murdered woman, he became

frightened, and his imagination staggered." What more natural in a sane person, what more unlikely in an insane person under the circumstances? But even if this were not a figurative expression, but a delusion, it was a delusion subsequent to the murder. And if the prisoner was so insane as to have a delusion of that extreme kind, it is hard to believe that the two medical men who had daily opportunities of seeing him after the murder, and one of whom particularly examined him concerning it, would have failed to perceive any indications whatever of insanity. Every one must admit it to be most necessary to view with extreme caution any attempt to obtain the acquittal of a murderer on the ground of insanity when there is no evidence furnished of mental unsoundness before or after the crime, when, in fact, the crime itself is the only evidence afforded. It is little use, however, arguing about a case of this kind on entirely theoretical grounds, and we shall content ourselves, therefore, by printing here two more extracts from the '*Medical Times and Gazette*,' which ended the discussion on Bordier's case.\* The first is a letter which appeared on November 9th, and the second is a leading article of the week following.

SIR,—Sympathising in the main with what seem to me the sound and sensible observations on the trial of Bordier which have appeared in the "*Medical Times and Gazette*," I cannot forbear expressing my entire concurrence with your view of this unhappy case. It was not without surprise mingled with regret, that I read the letters which Dr. Laycock and Mr. Wood, whose opinions cannot fail to carry weight in such a case, addressed to you: surprise, because the evidence furnished of Bordier's insanity at the trial was so weak, suspicious, and self-contradictory that it seemed impossible it should produce conviction in the minds of those who had practical knowledge of insanity; regret, because the attempt to obtain the acquittal of a murderer as insane on such trivial grounds must inevitably increase the popular suspicion of the plea of insanity, and prejudice the cause of those criminals who are really insane. There can be no question that the law affecting offenders against it who are suspected to be of unsound mind, and who are put upon their trial, is unsatisfactory, and ought to be repealed; but if one thing has wrought more than another to prevent the modification of the law in accordance with scientific principles, it is the painful distrust excited in the public mind by the unwise attempts made to rescue from justice, on the ground of insanity, criminals whose main or only title to such a plea has been the enormity of their crime. The plea of insanity has become the lawyer's last resource in a desperate case; and the public has persuaded itself that a mad-doctor can always be found to support the most forlorn case. Bordier's trial is not likely to weaken that conviction.

The circumstances of his crime, which will be fresh in the recollection of your readers, were of no uncommon character. He had quarrelled with his paramour; she had resolved to leave him; he was irritated, depressed, and wretched; and he determined, rather than bear the misery of the desertion, to cut her throat, the throats of his children, and his own throat. Had he

\* Though correct when it was written, this statement is not so now; for while this sheet was in the press, Dr. Laycock published another long letter in the '*Medical Times*.'

been an Englishman, he would probably have carried his resolve into execution without writing a letter to declare his intention and to explain his motives. But some amount of theatrical display is congenial to the nature of Frenchman. If two lovers in Paris agree to commit suicide together by suffocating themselves with the fumes of burning charcoal, the chances are that they leave on the table, or send to their friends, a written declaration of their misery and of the reasons which moved them to end it. It argues the vanity of a weak character in those who thus insist on taking the world into their confidence, and imagine it will be interested in their confessions, but it is not sufficient evidence of insanity. No wonder, then, that Bordier failed to go through with his project, and that, frightened from his purpose by the first sight of blood, he got no further than the first act of the tragedy. Had he been really insane, it may well be doubted whether he would have thus faltered at the outset of his frenzy. What more natural in a sane person, what more unlikely in a madman, under the circumstances?

Mr. Simpson's evidence of the prisoner's statements and conduct immediately after the crime should obviously be received with extreme caution. His manner of searching for and discovering indications of insanity at his short interview was most objectionable, and it is impossible to resist the conviction that the questions were put in accordance with a theory preformed—perhaps unconsciously—in the mind, and so put as unavoidably to elicit support of it. The existence of this strong bias in his mind, leading captive his understanding, affords the only possible explanation or excuse of the assertion that Bordier did not know the legal quality of his act, did not know that he was doing wrong, in face of the positive evidence to the contrary, manifest in what he wrote immediately before and what he said immediately after the crime. Making no undue allowance for this evident bias, I certainly fail to perceive in Louis Bordier's condition, as described by Mr. Simpson, or in the combination of circumstances which he marshalled in favour of his theory, anything inconsistent with sanity, or with that degree of sanity which a murderer may be allowed to possess. All the circumstances pointed to one conclusion—the conclusion adopted by the jury, endorsed by the judge, and vindicated by the law. That Bordier was rendered irresponsible by reason of mental disease seems to me a proposition only a shade less violently improbable than the assertion that he did not know he was doing wrong when he cut his paramour's throat.

But Bordier had suffered from an anal fistula, and had been depressed in mind and body by his disease. It is true that, as Dr. Laycock and Dr. Wood have pointed out, a fistula will sometimes produce despondency; it is also true that a murder may be a madman's act; but the majority of those who suffer from fistula are not insane, and the majority of murders are not perpetrated by madmen. I should hardly understand Dr. Laycock and Dr. Wood to argue that all who are afflicted with fistula are necessarily despondent and on or over the border of suicidal mania, or that the despondency undoubtedly produced by fistula in some cases always amounts to insanity. And yet, if they do not mean that, their letters, apart from the expression of individual conviction, have no bearing on the particular question of Bordier's insanity, but leave it exactly where it was; they contain certain generalities that may be true abstractedly, but no applied reasons to warrant the belief of Bordier's mental derangement, nor any argument of it drawn from an analysis of the evidence given at the trial. Now, in order to prove insanity, or even to raise the suspicion of it, in a particular case, something more is assuredly needed than the existence of a fistula or the perpetration of a murder. And where is this to be found in Bordier's case? Not a word was said at the trial of any manifestation of madness by him before the murder. Either such evidence was not forthcoming, or his counsel deemed it of such an unsatisfactory character as

would injure rather than help the defence, and wisely refrained from calling it. The surgeon of Horsemonger Lane Gaol and the surgeon of Newgate, both of whom examined the prisoner for a time after his trial, saw no indication whatever of insanity in him. It is impossible to pass by as of no account this direct and positive scientific testimony founded on ample personal observation. There remains, then, only the crime itself, together with the circumstances of its perpetration, and the murderer's behaviour immediately afterwards.

Undoubtedly there is much room for difference of opinion as to the interpretation of what a man says or does just after he has committed a murder; but every one will admit it to be most necessary to view with great caution and jealousy any attempt to obtain the acquittal of a murderer on the ground of insanity when there is no evidence procurable of mental unsoundness before or after the crime—when, in fact, the crime itself is the only evidence offered. I trust that the English law will continue to look with extreme suspicion on the madness which, like Jonah's gourd, comes up in the night and vanishes in the morning.

I fear sir, that you may think I have already trespassed unreasonably on your space, but I cannot help adding a few words in illustration of the mischievous consequences which flow from the medical theories hastily put forward in cases like that of Bordier. On the occasion of the discussion which took place in the House of Commons on Townley's case, I remember hearing a rather violent speech condemning the commutation which had been made of his sentence; and the speech was loudly cheered. In the course of this speech the honourable member quoted a document in which it was stated on official authority that during seven years, from 1852 to 1858, seventy-nine patients were received into Bethlem Hospital who had been acquitted of murder or of attempts to murder on the ground of insanity, and that in several cases no symptom of insanity whatever was manifest during their residence in the hospital. This statement was brought forward as convincing evidence of the mischievous character of medical theories regarding insanity, and as constituting a fatal objection to the establishment of a medical commission, or of medical assessors, to aid in ascertaining the state of a prisoner's mind when the defence of insanity was set up. The speaker was Mr. Gathorne Hardy, now Home Secretary. I do not sympathise with his conclusions, but it is hard to be surprised at them.

I am, &c.,

HENRY MAUDSLEY.

The leading article which follows has evidently been written by some one having an exact knowledge of the facts of the case. It is perhaps a pity that any one not so qualified to judge ever wrote a word about it.

**THE SANITY OF BORDIER.**—Our readers must be nearly tired of this subject. Week after week it has been discussed in our columns. We have had letters from Professor Laycock, embodying with characteristic frankness, and expressing with characteristic energy, Professor Laycock's well-known opinions; from Dr. Wood, a physician who has acquired a right to be heard on such matters; and from one of the most successful investigators and highest authorities in the department of mental disease, Dr. Maudsley. But it is time the war of words should cease, and we shall, therefore, attempt to sum up the case as concisely as we can, making what comment we think necessary as we proceed. To the system of scientific advocacy we are altogether opposed. A medical man ought always be impartial. It is true that differences of opinion may arise, and doubtless will arise, but for all that the sight of two men, each eminent in his own way, swearing completely contrary



to each other—merely, it may be, from the accident of having been retained by a certain party—is far from edifying. Fortunately, the case of Bordier did not present this disgraceful spectacle, and the dirty linen of the profession has this time been washed in comparative privacy; still, the differences of opinion which have been elicited in our columns would, to a certain extent, justify the doubtful confidence reposed by the public in those whom they irreverently style “mad-doctors.”

We have all along held, and still hold to our opinion of the sanity of Bordier at the time he committed the murder for which he suffered. Professor Laycock has treated us to a good many general remarks on the subject of insanity, and on the value of confessions by criminal lunatics, but he has carefully avoided discussing the case of Bordier as a mere matter of clinical history, if the term may be employed. Dr. Wood has also told us of a lunatic who had fistula in ano, but that, we submit, is wide of the mark. The question may be one of definition, for the evidence which satisfies Professor Laycock of the insanity of Bordier is very far from conveying to our mind an impression similar to that we are accustomed, either in civil or criminal practice, to form of insanity—in other words, whom he calls insane we call sane. Let us therefore examine the evidence brought forward in support of the theory of Bordier's insanity—a thing which Professor Laycock and his fellow-advocates have curiously avoided. This may be summed up as the deed itself—for all atrocious murders are now-a-days received as proofs of insanity—certain letters written by the prisoner, and the evidence of Mr. Simpson. The first of these we shall simply pass over, leaving those gentlemen who accept the theory of Bordier's insanity to make the best or worst of it as suits them. With regard to the letters, although repugnant to English notions, they are such as have been written by scores of excitable foreigners whom nobody would ever call insane; and we would submit that, had not the murder followed in their train, no one would ever have looked upon them as more than the vague threats in which moody men delight to indulge. As to Mr. Simpson's evidence, he saw Bordier for half an hour just after he had committed a most deliberate murder, which nevertheless had by his own statement severely shaken his nerves, and examined him evidently with preconceived notions as to his insanity—a proceeding in which we think Mr. Simpson certainly erred. He never saw the man again until the trial, when he came forward to bear testimony to the prisoner's insanity. No other witnesses were called to do so—a fact which, seeing that the opinions of the two gentlemen under whose observation Bordier had been since his arrest were entirely adverse to this theory, conveys to our mind an impression of weakness, to say the least of it.

If, again, we come to investigate the nature of Bordier's supposed insanity, we encounter another difficulty; for, dealing with generalities, Professor Laycock has carefully abstained from telling us what form of insanity he supposes the unfortunate man to have laboured under, beyond making use of the vague term melancholia. He, however, would seem to draw some distinction between the state of Bordier's mind at the time the deed was committed, and its condition at a subsequent period when under observation. Are we then to suppose that Professor Laycock holds to the belief of Bordier's having acted under a sudden and uncontrollable impulse? Surely he cannot believe that this position is tenable when he reflects that Bordier had brought the knife home from his work some time before, for the express purpose to which it was applied, and put off the execution of his design until the last moment. He was no epileptic maniac who, in a moment of frenzy, wreaked his anger on whoever was nearest, and when he came to himself knew nothing of what had happened. True, the man's spirits were depressed, and the invulnerable authority of a lady, the matron of a Hospital for fistula,

was invoked, to show that low spirits were characteristic of fistula. It is a curious form of disease which contributes to high spirits, and we venture to say that a man labouring under a good attack of dyspepsia will proclaim himself as miserable as any one could desire; yet we could not hold him innocent were he to cut his wife's throat. But perhaps we shall be told that low spirits from fistula are the only kind which secure this desirable immunity.

In deciding whether a crime was committed under a sane or an insane impulse, we were taught, when we went to school, to take the question of motive into consideration. Were we to do so in this case, the weight of evidence would certainly tend towards the side of sanity. Again, the law says that the evidence of insanity lies in delusions. We do not find any in this case, although Mr. Simpson contrived to invoke a dummy for the occasion. It was no delusion that the man was in very bad health, and terribly out of pocket; that the woman with whom he lived, tired of this state of affairs, was about, on the very day the murder was committed, to leave him for a partner who was better off, and to abandon him with three helpless children on his hands. We can see no delusion in all this, and many a man about whose sanity there has never been a doubt has yielded to smaller temptation. But if there is one thing more than another which has been overlooked in this discussion, it is the simple facts of Bordier's case, partly because they were not completely brought out in the report of the trial; partly, perhaps, because the parties to the discussion preferred vagueness to accuracy, generalities to particulars. We shall tell the simple, but horrid, story of the murder of Mary Ann Snow, and of Bordier's behaviour in the whole matter.

Bordier had long suffered from fistula, but during the whole period of his sufferings he showed no tendency to hurt those who were near and dear to him—no homicidal impulse. His disease got no better, but rather grew worse, and he was forced to enter a hospital for the relief of his painful malady. While Bordier was in hospital, Mary Ann Snow, who had got tired of the squalid life of poverty she led with Bordier, now unable to keep her in the way she had been accustomed to be kept, met another man, who promised better things. It was accordingly arranged that she should leave Bordier to live with this man, and of this Bordier was aware. According to the evidence put in court, the two had quarrelled, or, at least, had words, about this very man, and it was finally arranged that she should leave the unfortunate Bordier the very day on the morning of which the murder took place. Bordier could not bear to part with the woman, and to see the consequent misery of the children; so he resolved on putting all of them out of the world. To this end he brought home the sharp knife already mentioned, but beyond that point he could not for a time proceed. He had determined on his course, but he could not screw his courage to the sticking point—he even went one evening and had four glasses of rum and water, that Dutch courage might enable him to do the deed, but he could not. Finally, at the very last moment, when he was about to leave for his work, in the day Mary Ann Snow had settled to leave him, he determined to do it; when he returned she would be no longer there, and would be out of his power. He hesitated no longer, but cut her throat. Even then he did not find it such easy work as he had fancied, the sight of blood unnerved him, and he left her before she was dead. He next tried to kill his child, but beyond putting his hand on her forehead, he could do no more; his heart failed him. Every one knows the rest. While in prison no one in connection with him observed in him the slightest taint of insanity, and he went to the scaffold, not rejoicing in death, but as a man who faces the inevitable, who fears death, but walks calmly to the scaffold.

We appeal to all candid-minded men if in the above history there is any trace of insane delusion. Do mad men require glasses of rum and water to nerve them for an insane impulse, and after all fail in getting it up? If all

murder be the result of insane impulse, this may be granted, but that, we should fancy, few would be willing to concede. We have all along spoken with a full knowledge of Bordier's crime; but our direct statements have been met by a series of generalities. We here conclude the subject. Now that we have again stated the plain unvarnished facts of the case, we leave sensible men to judge for themselves. Our opinion has already been given.

### *The Alton Murder.*

The Alton murderer certainly did no credit to his art. His crime was conceived without ingenuity, and executed in the coarsest manner; the only remarkable features in it being its simplicity and atrocity. On a fine afternoon a clerk in a solicitor's office takes a walk outside the town; he sees some children playing in a field by the roadside; one of these, a lively little girl, between eight and nine years of age, he persuades to go with him into an adjoining hop-garden, and the others he gets rid of by giving them a few halfpennies to go home. In a little while he is met walking home alone, and he returns to his office, where he makes an entry in his diary. But what has become of the little girl? No one has seen her since she was taken from her playfellows into the hop-field. Her parents become alarmed; they arouse their neighbours, and an anxious search is made for the missing child. It is ascertained that she was last seen on her way to the hop-field, and when the searchers hurriedly proceed there, they find the dismembered fragments of her body scattered here and there. A foot is in one place, a hand in another, the heart and the eyes are picked up after a long search; and some parts of the body cannot be found at all. The poor child had clearly been murdered, and her body cut into pieces; but what she underwent before she was butchered may be suspected but cannot be discovered, because the "vagina was missing." Suspicion fell directly upon the prisoner, and he was arrested. In his desk was found a diary, and in the diary the following entry just made: "Killed a little girl: it was fine and hot." Such are the main facts, briefly told, of the murder; it is not surprising that they excited horror and disgust in the public mind, and that the prisoner was denounced as a brutal and unnatural scoundrel, for whom, if he were found guilty, hanging was too good.

Emancipating ourselves from the natural feeling of indignation, let us look at the matter, however, from a purely scientific point of view, in order to draw any lesson that may be procurable from it in that light. In the first place, it is a libel on the beasts to call such a crime brutal—brutes do not violate and murder one another in that way; the crime is essentially and exclusively human. Men are very ready to claim their superiority of virtue and intelligence over

other animals; let us not ignore our pre-eminence in vice also. In the second place, to call such a crime unnatural is not to take it out of the domain of natural law. That the murderer was a monstrosity may be admitted, but monstrosities are not self-created, they must have their necessary antecedents in the order of events; not casualty but causality governs them, the universe, and their appearance in it. There is but one answer to the question, so strikingly put by the engraver Blake in his little poem addressed to the tiger—

“ Did He smile his work to see?  
Did He who made the lamb make thee? ”

To any one who has really studied the forms and laws of human degeneracy, so far as these are known, the features of the Alton murder could not fail to excite a suspicion, if not to beget a conviction, that there was some taint of madness in the blood of the murderer. He was plainly an instinctive criminal: the impulsive character of the crime, the calm ferocity of it, the savage mutilation of the victim, and the placid equanimity of the murderer immediately after he had supped so full of horrors—all these indicate a bad organization, a nature to which horrors were congenial, whose affinities were devilward. “ Killed a little girl; it was fine and hot.” He puts down the fact as indifferently as he might have done if he had just bathed in the river instead of bathing his murderous hands in a little girl’s blood. It is not possible, we fear, to call him actually insane, unless we are content to give up all exact notions of what insanity is; but there can be little doubt that, had his life been prolonged, he would have become insane. The evidence at the trial showed that a near relative of his father was in confinement suffering from homicidal mania, and that his father had had an attack of acute mania. Moreover, it was proved in evidence by independent witnesses that he himself had been unlike other people, that he had been prone to weep frequently without evident reason, that he had exhibited singular caprices of conduct, and that it had been necessary to watch him from the fear that he might commit suicide. These testimonies of an insane temperament were not sufficient to stay the course of human justice; this falls on the sinner often with indiscriminating force, taking no thought of opportunities and of that worst of all tyrannies, the tyranny of a bad organization. But it is not so above; “ there the action lies in its true nature; ” and it may well be that many sorrowing murderers shall come from the east and the west and find entrance into the kingdom of the redeemed, when some who have, with exultant homicidal yell, rejoiced over their fate on earth, are cast out into outer darkness.

*Civilization in Southern Italy.*

THE follies and atrocities perpetrated in some parts of Southern Italy, during the epidemic of cholera, by the panic-stricken populace, are a grim satire on the enlightenment of the age. Acting under the ignorant belief that the cholera was propagated amongst them by the authorities or other persons, who either poisoned the wells or infected the air with some deadly poison, they violently attacked and murdered those who became the unfortunate victims of their frantic suspicions. At Ardore, a town in Calabria, on the appearance of the cholera, the people assembled in arms before the druggist's shop, loudly declaring their intention to burn it to the ground. An officer with a few soldiers in vain attempted to prevent the execution of this design. The mob rushed madly forward, trampled the unfortunate officer to death beneath their feet, set fire to the shop, and ruthlessly butchered the druggist and his family. Twenty other persons also fell victims to the ferocity of the enraged multitude. Similar tumults occurred in other places. At Potentino the mob surrounded the house of a certain Antonio Sabellino, with whom resided his brother Francesco, and a friend, Giacomo di Mattia, accusing them of being poisoners. The rioters broke into the house and searched for the alleged poison. At last they found on a shelf a jar full of paste, which Sabellino kept for poisoning rats. A dog having been made to swallow some of the paste died in a few minutes. This was thought conclusive, and the mob rushed upon the two brothers and their friend and brutally murdered them. In the parish of Cogliano it was firmly believed that the poisoners went from door to door and blew the infection through the keyhole. Accordingly a great number of the lower class of people abandoned their houses and camped out in the open air, so that they should not be poisoned; while those who remained at home were constantly firing muskets out of their windows with the idea of paralysing the action of the poison. The authorities and the troops only succeeded after immense efforts in convincing the people of their folly.

Scenes like these carry us back to the middle ages, when the frenzied terror produced by the ravages of the plague or "black death," as it was called, led to the horrible persecution of the Jews, who were accused of poisoning the wells. Innocence availed nothing before the popular frenzy, and where confessions of crime never committed were extorted by excruciating torture. In Basle all the Jews were inclosed in a wooden building, constructed for the purpose, and burnt together with it, without sentence or trial. In Mayence alone 12,000 Jews are said to have been put to a cruel

death. At Eslingen the whole Jewish community burned themselves in their synagogue, to escape a worst fate. Everywhere they were pursued with merciless cruelty, and either fell victims indiscriminately to the fury of the populace or were tortured into confessions of impossible crimes, and then sentenced to be flayed or burnt alive.

Do we need the experience of the horrible events which have lately followed the devastations of cholera in Italy, to warn us that we are not yet secure from similar epidemics of popular madness? They spring from an ignorance of the laws of nature, and are inspired by the terror which is bred of ignorance. And how little do the people, generally, yet know of the laws of health, and of the penalties which avenge their infraction? It is not likely, perhaps, that they will ever in this country attribute the outbreak of a pestilence to a deliberate poisoning of the wells by the Fenians, or any other body of persons to whom they may chance to have a specially hostile feeling; but it can hardly be considered impossible, so long as epidemics which arise entirely from a gross ignorance and neglect of sanitary laws are attributed to the special act of Providence, and so long as prayers are specially put up for the miraculous removal of them, instead of for the gift of a right spirit to learn their nature, and manfully to strive to get rid of them. Surely a generation which acts in this way, which follows after "Davenport Brothers," and has a "Zouave Jacob" for its prophet, cannot afford to feel too safe from an epidemic of frenzied terror like that which has afflicted the mob of Italy. Within a few days of the accounts of the atrocities perpetrated in Calabria, the following paragraph appeared in the 'Cork Examiner':—

A riot, originating in an extraordinary superstition, occurred at Myross, in the west of this county, a few days ago. A body, supposed to be that of the captain of an American ship lost on the western coast, was washed ashore near Myross some time since, and, after an inquest had been held, was interred in Myross churchyard. Friends of the drowned sailor came recently to Myross to claim the remains, and to carry them back to the United States for interment in the burial ground where others of the deceased's family rested. When it became known that the body was to be removed, there was great perturbation amongst the country people, who have a superstitious belief that the exhumation of a corpse that has been buried for some time causes unusually great mortality during the ensuing twelve months—one of those extraordinary notions deep-rooted in the popular mind which defy human ingenuity to analyse or explain. To prevent the threatened calamity, the country people resolved to oppose the removal by force. On the morning on which the exhumation was to take place the population of the district, armed with the miscellaneous weapons that the farmyard affords, arose *en masse* against the strangers, and drove them and their assistants out of the graveyard. The parish priest was appealed to, and strove to reason the people out of their absurd apprehensions; but his influence, all-powerful in everything else, failed to make an impression on their superstitious fears. The people still refuse to permit the

body to be removed, and mount guard day and night over the grave. The friends of the deceased are determined not to allow their pious mission to be frustrated by a popular superstition, and it is stated that the aid of the military will be called in if other influences cannot induce the people to desist from their cruel and insensate opposition to the removal of the body.

While the state of popular education in this country is such as to permit the existence of superstitions of this kind, it is evident that there will be no lack of work to engage the energies of a reformed Parliament. Even those who think fearfully of the late political 'leap in the dark' may take comfort from the reflection that no system of government can well leave the people in a blacker ignorance of natural laws than they are in now, after some thousands of years of government by their betters.

### *Insane Negroes in the United States.*

THE annual report of the Superintendent of Longview Asylum, in the State of Ohio, contains a striking illustration of the deep-rooted repulsion which is felt to a black skin in the United States. A very heavy item in the year's expenditure has been caused by the purchase and fitting up of a house for the coloured insane, who had hitherto, as appears, been confined in the common jail. The superintendent expresses his gratification at the provision of accommodation more in accordance with the dictates of justice and humanity. "Two of the greatest misfortunes that humanity is liable to—insanity and a coloured skin—did not seem to me good and sufficient reason for classing the person so afflicted with malefactors, and it is therefore a matter of sincere rejoicing that a change in the disposition of these persons has been made, and especially that Hamilton County has taken the lead in this matter." After the passage of a law enforcing suitable provision for the coloured insane, application was made for their reception into the building occupied by the whites. This was thought out of the question by the authorities of the asylum, the strong prejudice against the negro felt by most white people being particularly strong among the inmates of the asylum. It became necessary, therefore, in order to carry out the intention of the legislature, to purchase a separate building, and to fit it up specially for the coloured insane. This was done; and the medical superintendent can now point with pride to the circumstance that all the insane negroes belonging to the county are freely received and kindly treated.

Whatever may be thought of this plan of procedure by the enthusiastic philanthropists, who, in spite of nature's brand of inferiority, would at once raise the negro to an equality with the white in every respect, we cannot help feeling that it was the only

practicable course for the present in a country in which the two greatest misfortunes of humanity are deemed to be insanity and a coloured skin. The utterance of such a sentiment by a physician who has been energetic in advocating the adoption of a humane provision for the coloured insane is the strongest proof how much deeper than philanthropy can yet fathom lies the instinctive repulsion of the stronger race to the weaker race, which it has so long wickedly held in a harsh bondage. Events march very rapidly in this age, and especially so in the States of America, yet we may rest well assured that it will not be in this day or generation that the white and the black man can meet as brothers, having common sympathies and equal rights.

*Psychological Intuition.*

CAN any of our readers give us some information concerning the new art of discovering the soul's destination by an inspection of the face of the dead? A communication from Rome, in the 'Univers,' speaks in these terms of a young captain of the Pontifical Zouaves, killed in the battle of Mentana:—"A most gracious smile was still on his lips; and, strange contrast, which depicts the difference of the two causes, by the side of this noble young man lay the corpse of a Garibaldian with a red beard, covered with blood, and whose face expressed damnation." Fearful and wonderful fact! A foretaste of the inexpressible joys of heaven had blessed the last moments and illuminated the countenance of the youthful captain slain in the holy cause; a forefeeling of the tortures of hell had stamped its terrible agony on the face of the Garibaldian slain in the unholy cause of freedom! Scientifically, we cannot but lament that the correspondent gifted with such miraculous insight did not communicate more particularly the characteristic appearances of the face of the corpse, which disclosed to him the salvation or damnation of the soul that had animated it. Perhaps he might be able to teach us how to discover in the lineaments of the countenance of Napoleon III the disguised features of a heavenly archangel, and in the face of Garibaldi the concealed features of a special minister of Satan, if not of the archdemon himself. At any rate, we may express a hope that, for the future, one who is gifted with this supernatural intuition will limit his investigations to the living, "an' let poor damned bodies be."



*The Carmarthen Matron.*

At the Carmarthen Borough Police-court, on Monday, 26th August last, before the Mayor (E. B. Jones, Esq.), J. Bagnall, Esq., and Dr. Lewis, Miss E. H. Lewis, the matron of the Joint Counties Lunatic Asylum, situate near Carmarthen, appeared in answer to a summons charging her with having unlawfully assaulted, on 1st of August last, a lunatic patient confined in that asylum.

The particulars of this case as they appear in the 'Carmarthen Journal' are of a very painful nature. It is hardly conceivable that such a thing could possibly have occurred in the present day in one of our much and justly lauded public asylums; and it is certainly unique in the records of lunacy for the last twenty years. It cannot be wondered at if ordinary attendants, ill-educated and often men who have failed in life in other respects, do occasionally, under the great provocations to which they are subjected, so far forget themselves as to strike or abuse a patient entrusted to their charge; but that one of the chief officers of a county asylum, who had previously held an appointment in one of our most modern and best English county asylums, could so far forget all sense of decency and humanity as to allow four nurses to hold a patient down whilst she proceeded to chastise her with a stick a yard long, procured from a neighbouring hedge for the purpose, is indeed incomprehensible, and most mortifying to all disciples of the gentle teachings of Conolly and Pinel.

The facts of this case, as given in evidence by the medical superintendent, the assistant medical officer, and four nurses, appear to be much as follow:—On the 1st of August last two patients, named Jones and Bowers, began quarrelling, and on a nurse going to interfere Bowers struck her; Miss Lewis then came up, and on Bowers trying to strike her she ordered the nurses to take her to bed. Bowers then became very violent, and it required four nurses besides Miss Lewis to undress her. Bowers had hold of Miss Lewis during the scene, and Miss Lewis struck her twice, in self-defence one nurse says, and in struggling to get from Bower's grasp her jacket was torn. "After Bowers was in bed Miss Lewis struck her several times with her fist on the chest; she then went out, brought back a bunch of keys, and knocked Bowers with them across the thighs until blood came. Then she went out again, brought in with her a stick out of the hedge, and about the size of a walking-stick, and beat Bowers with it across her thighs, legs, and back." When they were about to leave the room poor Bowers sat up in bed and asked Miss Lewis to give her a kiss. But instead of doing so, it was said that she turned back, kicked the patient twice in her stomach, spat

in her face, and called her a nasty old brute. On the 4th of August one of the nurses reported this circumstance to the medical superintendent, Mr. Wilton, who immediately examined Bowers, and "found that she was extensively bruised on the front and back part of both thighs, that there was a slight bruise on each calf, a slight mark across the lower part of the loins, and a bruise on the lower part of the chest, but that was a very slight one." The above facts were sworn to positively by the four nurses, and the counsel for Miss Lewis did not venture, apparently, to cross-examine them.

For the defence Miss Lewis's counsel said—"I have been instructed by Miss Lewis to plead guilty of having assaulted that unfortunate woman, Miss Bowers, and at the same time to say that she is exceedingly sorry that anything of this kind has happened. However, as you have seen by the evidence, there was a cause of provocation, and Miss Lewis lost her temper. She cannot further account for it, and very much regrets her fault. But whilst admitting so much, Miss Lewis yet denies that she spat in the woman's face, or kicked her, or called her a nasty brute. She has, however, now put herself into this sad difficulty, and I can only leave the case in your hands, hoping that you will deal with her as leniently as possible."

In answer to the bench, Mr. Hughes, the clerk to the magistrates, stated that Miss Lewis had been suspended from her duties and would be dismissed from her post. The mayor, addressing Miss Lewis, then told her the magistrates had concluded to fine her £10 and costs, with the alternative of three months' imprisonment.

It was thus clearly proved, even by Miss Lewis's own confession, that she was guilty of an assault on a lunatic with a stick, and we were hardly prepared, therefore, to find the clerk to the visitors, who appeared to prosecute on their behalf, endeavouring, during the inquiry, to excuse Miss Lewis's conduct and to obtain a mitigation of her sentence by expatiating on her great sorrow and contrition for what she had done, and the excellent testimonial she brought with her from the Cambridge Asylum. Such conduct as she had been guilty of surely deserved severe punishment; she was the senior female officer, had had considerable experience in the proper treatment of the insane, and was, it may be presumed, a person of education. Had the offender been a poor, rough, uneducated country girl, there would have been more reason for showing mercy. But, perhaps, the most surprising part of the affair was the fact that four women could be found in the limited sphere of a small lunatic asylum, so lost to all sense of common fairplay, as to be willing, not only to witness, but even partially to assist at such a disgraceful scene without interfering, or reporting the subject until four days afterwards.

*The Irish District Asylums for the Insane.**(From a Correspondent.)*

WE have before us an Act of Parliament, passed at the close of the late session, in connection with our sister institutions for the insane in Ireland, the provisions of which, being of more or less importance to our more distant brethren, we are desirous of analysing as fully as pressure upon our space will permit.

This Act bears the date of the 20th of August, 1867, and is entitled "An Act to provide for the appointment of the Officers and Servants of District Lunatic Asylums in Ireland, and to alter and amend the Law relating to the Custody of dangerous Lunatics and dangerous Idiots in Ireland."

It consists of eleven sections, which are succinctly as follow :

1. The word *officer* shall include resident medical superintendent, consulting and visiting physician, chaplains, matron, apothecary, clerk, and storekeeper, schoolmaster and schoolmistress, and any person discharging any duties in any such asylum whom the Lord-Lieutenant, by order in Council, shall so designate.

2. The Lord-Lieutenant, from time to time, by order in Council, shall determine the staff of male and female officers and servants, and direct the same being increased, diminished, or altered, and appoint their salaries, and define their duties, and make rules and regulations for their control and guidance.

3. The Lord-Lieutenant to appoint the resident medical superintendent, who must be qualified to practise both medicine and surgery, and registered as such under the Medical Act, 1858. All other officers to be appointed by the governors of the district asylums, with the approval of the Lord-Lieutenant. The servants to be appointed by the governors.

4. All appointments of officers by the governors to be probationary only, and confirmed by them not sooner than three, nor later than six, months from the date of the probationary appointment; and every appointment so confirmed to be submitted for the approval of the Lord-Lieutenant; and should the governors not, within six months, confirm such probationary appointments, or refuse to do so, or should the Lord-Lieutenant refuse to approve of any appointment so confirmed, and notify such refusal to the governors, the officer so appointed shall cease to hold office, and the same shall become vacant at the end of six months.

5. The Lord-Lieutenant to appoint officers in default of governors not doing so at the end of two months after they have been required to do so, in writing, by one of the inspectors of asylums.

6. The resident medical superintendent to hold office during the pleasure of Lord-Lieutenant; removal of all other officers to be by the governors, with the approbation of the Lord-Lieutenant. The governors to dismiss the servants.

7. All appointments made by the Lord-Lieutenant before the passing of the Act to be valid and effectual.

8. "From and after the passing of this Act it shall be lawful for the governors of any district lunatic asylum, with the approval of the inspectors of

lunatics, or one of them, on the retirement of any officer or servant whose whole time has been devoted to the service of such asylum, to direct that any officer or servant shall receive such superannuation allowances as they shall think proper; and in ascertaining and awarding the amount of such superannuation allowance, the said governors shall proceed according to the principles laid down by the 'Superannuation Act, 1859,' and every such superannuation allowance shall be advanced, paid, presented for, and raised in like manner as any other moneys advanced or raised for supporting and maintaining such district lunatic asylum: provided always that nothing herein contained shall prejudice or affect the right to superannuation of any person employed in any district lunatic asylum previous to the passing of this Act."

9, 10, 11. These sections direct the ceasing, from and after the 1st of January, 1868, of "dangerous lunatics or dangerous idiots" being committed to any gaol in Ireland, as hitherto, who, instead thereof, are to be sent to "the lunatic asylum established for the county in which they shall have been apprehended," under the warrant of two justices of the peace, on their being proved, by the certificate of the medical officer of the dispensary district—for which certificate he is to get "neither fee nor reward"—to be "dangerous lunatics or idiots."

The above is the substance of an Act dealing with most important matters in the government and economy of establishments above all others requiring the gravest deliberation in every step that is taken in their management.

It will be recollected by our readers that some years ago there was a lengthened controversy between the Government of Ireland and the Governors of the Belfast District Hospital for the Insane, in regard to the appointment of a particular class of officers, viz. that of chaplains; and more recently with the Governors of the District Insane Hospital of Cork, who, as regarded the Irish Executive, "bearded the lion in his den," by disputing its authority to nominate or appoint *any officer* or servant whatsoever, and by absolutely refusing to acknowledge such appointments. The issue with Belfast was a simple one and settled in due course of law twelve years ago, on a writ of *mandamus* in the Queen's Bench on the part of the Irish Executive against the Belfast Governors, when judgment was given that the former had no authority to appoint chaplains; accordingly the appointments so made in the Belfast establishment fell to the ground. Thus matters remained until the present time, when the new phase occurred of the Cork governors claiming the sole patronage of all appointments. The Government took a short step—which has been fully effected by this new Act—to cut the Gordian knot and escape from their confessedly embarrassing and undignified position. The Act, in its form of a "bill," was disposed of in its several stages with the utmost despatch.

When the question formerly was mooted of appointing chaplains in Belfast, we held the opinion that such appointments should be permissive and not compulsory; and most certainly we conceive that it is ex-

tremely arbitrary to force upon institutions the services of chaplain functionaries in particular (which have hitherto been found the reverse of beneficial, and, at the best, of a questionable good), in opposition to local authorities whose deliberate judgment should be respected in a matter of such importance. Virtually this new Act of the Legislature places the entire control of the Irish district asylums in the hands of the Executive Government, this having the sole appointment of the chief officer, the medical superintendent, and a vote in all the appointments of officers made by the local governors, and an absolute power of appointment when the governors decline exercising their patronage, besides the fixing of the amount of salaries and the defining the duties of the entire staff of officers and servants respectively.

But seeing the manner in which the governors of the Cork District Asylum have been systematically acting, to judge by their proceedings as regularly reported in the newspapers—a course of procedure which would be so much “better in the breach than the observance,” and which is practised nowhere, happily, but in their own district—we consider a step has been taken in the right direction by the reins being taken out of hands so unskilful and offensive in management, and committed to executive responsibility, which cannot but be a less galling yoke than was imposed under local assumption and arrogance. Indeed, it has frequently amazed us to read in the newspapers the discourtesies practised towards officials, who were treated as if they were mere creatures of exacting boards, by those whose duty it should be rather to sympathise with and support to the utmost gentlemen in their onerous and ill-requited position.

Now that it has been authoritatively settled that the Lord-Lieutenant of Ireland is to be unfettered in his selection of the medical superintendents, in particular the chief officers of the district asylum, and in appointing their salaries and defining their duties, we most heartily congratulate our brethren in Ireland upon this vast improvement in their status and independence, as we feel satisfied that the Government will deal liberally and considerately with them, and be careful to fix upon none for such responsible and confidential posts of duty but those whose antecedents will afford the strongest assurance of a faithful and efficient discharge of the trust reposed in them. And here it occurs to state that the Government have already given proof of their desire to obtain the right man in the right place by adopting the same system as that pursued with such good effect in filling vacancies as they arise in the Queen's colleges amongst the professors, by publicly announcing such vacancies, and inviting candidates to send in their testimonials for consideration. An announcement of this kind has appeared, since the passing of this Act, for the appointment of three resident

medical superintendents, namely, for the Auxiliary District Asylum at Clonmel, rendered vacant by the very judicious and well-deserved promotion of its former chief, Dr. Edmundson, to the Castlebar establishment; and for the district asylums at Ennis and Enniscorthy respectively, two new institutions now about to be opened for the reception of patients.

It had not been dwelt upon that, in order to secure the best men in every respect, and to make it worth their while to retain their important charge, no cheese-paring economy, in fixing the salaries, or odious restrictions on personal liberty—such as not being permitted to be absent a single night without special leave!—should be allowed to interfere. “The labourer is worthy of his hire,” and of all labourers none is more deserving of a generous honorarium than a medical superintendent. We have it from the highest and most disinterested source, that of Lord Shaftesbury, the chairman of the Metropolitan Commission in Lunacy, in his evidence before a select committee of the House of Commons, viz., “I cannot think that any superintendent ought to receive much less than from £500 to £600 a year, besides a house and allowances.”\* In Ireland, however, the average salary of the resident medical superintendents of nineteen district asylums, with an average number of patients of 300 nearly, is under £350 per annum,† which is entirely insufficient for his unceasing and most onerous services—services which are much more arduous and continuous than either in England or Scotland, inasmuch as in Ireland the resident medical superintendent is responsible for the entire civil as well as the purely professional conduct of his institution, the latter duty only devolving on his brethren elsewhere. More than this certainly should not be imposed on superintendents whose strictly professional duties are quite enough to occupy their time in the care and treatment of their patients. This simply reasonable view of the case was expressed in the report to Parliament of the Royal Commissioners of Inquiry into the state of the Irish Asylums in 1858.‡

We next come to the section of the Act in respect of superannuation, which has given just and grave cause of complaint and disappointment. The superintendents had earnestly requested to be removed from the “Civil Service Superannuation Act,” a confessedly *ad interim* arrangement at the time, and to be placed on the same footing in this respect as prevails in England and Scotland, namely, that at the end of fifteen years’ service, and not being under fifty years of age, they should have a claim for a superannuation pension of two

\* See ‘Report from the Select Committee on Lunatics,’ ordered by the House of Commons to be printed, April 11, 1859.

† See ‘Sixteenth Parliamentary Report of the Inspectors of Asylums in Ireland for 1866.’

‡ ‘Report of Commissioners,’ p. 11.

thirds of their salaries and allowances, in the event of bodily or mental infirmity preventing the due discharge of their duties. Though there was every reason to believe that this most reasonable request would have been acquiesced in, yet at the eleventh hour, and when it was too late to bring the influence of their parliamentary friends to have this effected, our Irish brethren found that they were continued on the "Civil Service Superannuation Act," which requires a period of fifty years to be eligible for what the English and Scotch asylum officials are after fifteen years' service. These formerly had to be in office twenty years for this amount of retiring pension, but the time was considered unreasonably long, on account of the peculiarly harassing and anxious duties they had to discharge; accordingly, through the influence and zealous advocacy of Lord Shaftesbury, in the House of Lords, the term of service was, in 1859, reduced to fifteen years under the provisions of the 25th and 26th Vict., c. iii, s. 12.

That distinguished authority, in his evidence already referred to, when questioned before the select committee on the subject of the superannuation of the medical superintendents and subordinates of the public institutions for the insane as to limiting the right to persons of fifty years of age to retiring allowances, thus emphatically expressed his views :—"No; I think that would be very hard indeed, and reference must be had to the peculiar nature of the duties they have to perform. It is not like a banking-house, or in a Government office, nor even is it like the toil they have to undergo in military or naval service; but the wear and tear upon the nervous system of the medical superintendents and the attendants is such that it may be considered almost a standing miracle that so many of them can bear it for the whole twenty years before they arrive at the period of superannuation."

It is quite true, no doubt, that the "Civil Service Superannuation Act" allows a period of time not exceeding twenty years to be added to the actual service of officers in public employments who are required to be professionally educated; but even if this maximum of additional time of twenty years were given, the Irish superintendents would still require twenty years' actual duty to be on an equality with their brethren elsewhere, and also to have attained sixty years of age as a further qualification, whereas fifty years is all that is required in respect of age with other superintendents. This is certainly not "justice to Ireland," nor is it in accordance with the recommendation contained in the report already referred to of the Commissioners of Inquiry, in which it is stated "that the law should strictly provide for superannuation, and that the scale of retirement in the case of the medical officers should not depend on the same length of service as is required by the 'General Superannuation Act,' for the medical manager will usually have entered on the duties

of his office after he has been some time engaged in the practice of his profession." And again, as regards salary itself, the same commissioners observe "that the salary of the resident physician should be such as will secure the services of a competent medical officer; and we think it but just that it should increase with length of service, so that those who fill the situation may not be shut out from all prospect of bettering their condition."

It should be mentioned, also, in justice to the highly popular and efficient Government inspectors of asylums in Ireland, Doctors Nugent and Hatchell, that they have frequently, in their able official reports, directed the attention of the authorities to this subject, observing that "the resident medical superintendents in the Irish district asylums, though fully on an equality in professional status and acquirements with their brethren in England and Scotland, receive smaller salaries and less domestic allowances, though at the same time they have more duties to perform, inasmuch as on them the fiscal management of their respective institutions mainly devolves."

Another hardship complained of in Ireland is that the superannuation section in the new Act is so framed that in the event of a medical superintendent being advanced from one institution to another, his previous service will count for nothing on a claim being made for a retiring allowance, the wording being—"Any officer or servant whose whole time has been devoted to the service of such asylum." Now, this is manifestly a hardship; and the only way, in fact, to remedy it, and to get rid of the difficulty which might arise with boards objecting to be made accountable for the previous service of translated superintendents (and with great force, it must be admitted), would be for the superannuations to be charged directly on the Consolidated Fund; this we really conceive they should be under any circumstances, as well as the salaries of the medical superintendents, inasmuch as in all fairness the Government, who appoints them, should be the paymaster—the parties exercising the patronage having the best right to be so both morally and constitutionally.

The change made in the existing law by this new Act, in reference to the so-called "dangerous lunatic" and "dangerous idiot," appears an exceedingly rough and ready specimen of legislation. It is now provided that a warrant signed by two magistrates shall be sufficient authority for the placing of the above directly in a district asylum, instead of sending them to a county gaol in the first instance, as hitherto, and afterwards transferring them to an asylum by an order of the Lord-Lieutenant, on its having been previously ascertained that a vacancy existed. It is to be at once granted that a gaol is a most unfit receptacle to which to consign a fellow-creature labouring under insanity, and only a last resource,



when the imperilling of life is in question, either as regards the patient's own safety or that of others. The difficulty, as matters at present stand, is, how can an asylum, already full to overflowing as so many are, admit such inmates? This very pertinent question was asked in the House of Commons, and to it no reply, in point of fact, was given.

We must, before concluding these remarks, enter our strongest protest, in this age of progress, against the continued use in legislative and official documents, as in the one now under consideration, of such ignorant, unscientific, and offensive terms as "lunatic asylums," "strict custody," and such like, as had recourse to, still to designate institutions for the insane and the due care of their inmates. It is high time that they should be entirely exploded, and a more correct and less odious nomenclature adopted. The example should be set by the authorities, from the Legislature downwards; and we were well pleased to find that during the debate last session in the House of Commons, on "Metropolitan Asylums Poor Bill," several members objected to "asylum" as a "most unfortunate word;" suggesting that "hospital" should be substituted.

The practice of bringing "lunatic paupers"—a most offensive and "unfortunate" method of designating the insane poor—to police-courts, to be certified for as the subjects of insanity, prior to their removal to an "asylum," is a vice in this Act which cannot be too strongly denounced or animadverted upon; it is only too well calculated to brand one of the most deplorable of human afflictions as a disease of degradation, as something akin to the lowest kind of criminality, and thus to make it and all connected with the unhappy "lunatic pauper" as of the "baser sort" in the eyes of their fellow-men. We hope sooner or later to see these and similar plague spots of terms "stamped out" of psychological literature, and committed to the "tomb of all the Capulets." Lord Shaftesbury, in his place in the Legislature, could largely help towards the accomplishing of such a desideratum.

The last remark we shall make is that the promoters of this Act have shown a very illiberal and unjust spirit towards the dispensary branch of the medical profession, by requiring at their hands certificates of insanity, "without fee or reward," which has been an additional inroad on, and uncalled-for interference with, the legitimate rights of the profession at large.

## PART II.—REVIEWS.

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EDITORIAL NOTE.—*In consequence of the pressure on our space, we are compelled to omit the Reviews, and the excerpts from Asylum Reports. We have in hand a review of Schwegler's 'Handbook of Philosophy,' and of some papers in the 'St. George's Hospital Reports,' which we defer until April next.*

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## PART III.—QUARTERLY REPORT ON THE PROGRESS OF PSYCHOLOGICAL MEDICINE.

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### *French Psychological Literature.*

By JOHN SIBBALD, M.D. Edin., Medical Superintendent of the District Asylum for Argyllshire.

I. *Annales Médico-psychologiques*, vol. vii. and viii. for 1866.—*Contents* :—"Bucheze on the Nervous System and the connection between Mind and Body;" M. Ott. "Medico-Legal Report on a Man accused of Theft;" Achille Foville. "The Utility of Family Life in the Treatment of Insanity;" Brierre de Boismont. "Passion, Immorality, and Insanity;" Tissot. "Dementia Paralytica, as observed in Cuba;" Munoz. "Medico-legal Inquiries relative to Insanity;" Mittermaier and Dagonet. "On a Case of supposed Insanity;" H. Bonnet. "On the Case of a Man who murdered his Father-in-Law;" Bourguet and V. Combes. "On a Case of Indecent Conduct and attempted Rape;" V. Combes. "Pathology of the Brain in Cholera;" Mosnet. "Medico-legal Reports on a Case of Attempted Homicide;" Laffitte. "On a Case of Theft;" V. Combes. "On the Causes of the Crowding of Asylums, and their Remedies;" Berthier. "On Insanity, with Predominance of Grandiose Delusions, and its Connection with General Paralysis;"

Baillarger. "The Connection between Constitutional and Diathetic Diseases and the Neuroses, especially Insanity;" Ed. Dupouy. "Medico-legal Report on a Case of Murder;" Brierre de Boismont. "Partnership with God: a Medico-legal Study;" Chatelain. "History and Condition of the Asylum for the Insane in Cuba;" J. Munoz. "The Connection between Pellagra and Insanity;" Brierre de Boismont. "Anatomical Lesions in General Paralysis;" Franz Meschede. "Medico-legal Reports on a Case of Wilful Incendiarism;" Teilleux. "On a Case of Simulated Insanity;" Henry Bonnet and Jules Bulard.

*Buchez on the Nervous System and the Connection between Mind and Body.*—The opinions of the late M. Buchez on physiological and psychological subjects are reviewed by M. Ott, in a paper which he read to the Société Médico-psychologique in November 1865. The fundamental idea on which Buchez constructed his physiology of the nervous system was broached by him first in 1824, and was frequently reproduced by him in subsequent publications. He divided nervous phenomena into two classes, those of "impressionability" and those of "innervation." By the one term he designated the faculty of receiving and of transmitting impressions, ordinarily called sensibility and sensation; and by the other, the action of the nerves upon the non-nervous tissues, such as the muscles. The capacity of the organs of the nervous system to produce these two kinds of phenomena he called "neurosis." This word he chose in preference to those ordinarily used, such as nervous fluid and similar terms, because, as he said, it indicates a faculty and not a thing (*nature*). But he none the less considers that it is a material substance. This substance is produced and constantly renewed by the circulation; it is, on the other hand, destroyed by the action of the nerves, the phenomena of impressionability and innervation. All the organs of the nervous system he considered as composed of nerve-fibres, which, in their ultimate analysis, consist of hollow tubes, closed at intervals by diaphragms. The neurosis is the fluid substance contained in these tubes. It is kept in motion and passes through the diaphragms by a process analogous to endosmosis and exosmosis. It diminishes in quantity, the nerve tube becomes empty, the power of producing the phenomena of impressionability and innervation ceases in proportion as these phenomena are produced and as each part of the nervous system is in active exercise; but the loss is repaired by new material drawn from the circulation. This diminution in quantity is always in exact relation to both the intensity and locality of the functional action. M. Ott enters into details in the development of the doctrine, which it is unnecessary that we should notice; but we may transcribe the explanation he gives of what we call habit.

"It is a law of the living economy," he says, "that the exercise of an organ so attracts to it the circulation that the nutrition, within certain limits, more than repairs the loss; and frequent use consequently produces enlargement of the organ. The nervous system is subject to the same law. From the development produced by exercise, it results that the routes of the local circulation are increased in volume and in number, and consequently the reproduction of the neurosity becomes more abundant and more rapid. It results also that the location or seat of the neurosity becomes more capacious, and thus the nervous action itself becomes more prompt and easy; the repair becomes more rapid, and the neurosity accumulates and produces a natural tendency to movement in the locality. Hence we have the qualities characteristic of habit, increasing facility to effect a movement in proportion to the frequency of repeating it, and the impulse to do again that which we have constantly done previously. These observations are applicable to the impressionability and the transmission of nervous movements, as well as to the innervation. The tendencies produced by habit may, besides, be transmitted hereditarily, and they constitute in those who have received them, the 'aptitudes proper to certain races and certain families.'"

We can only refer briefly to Buchez's psychological views. He sets out with the dual nature of man: a spiritual part which is the source of the unity manifested in our ideas, our aims, and our actions, in short, in our whole life; and a material organism which is the instrument of our spiritual activity. Everything in human action, which is subjected to the laws of succession and of plurality, comes from the organism. The regular and successive order of our thoughts and actions which constitutes human logic, in the largest acceptation of the word, is the necessary consequence of the conformation of the nervous system. Logic, he says, is nothing but the necessity imposed on all ideas, all sensations, and all actions, to submit to that kind of circulation through the different parts of the nervous system whose number and special aptitudes are so appropriated to their nature, that every principle and every sensation engenders inevitably its own conclusions. Every idea which is of such a nature as to have an external realisation, passes, in order to arrive at this result, through three successive conditions, depending rigorously the one upon the other, their order being invariable. The first condition is that of desire, the second that of reason, and the third that of execution or practice. To each of these conditions there are corresponding special nervous apparatus. With the condition of desire are connected all the organic combinations from which feeling results; with that of reason, all the cerebral organization; and with execution, all the motor apparatus. The soul is defined by Buchez as "the substance of the human personality and spontaneity."

He considered this substance as essentially one and active, and rejected the opinion of those psychologists who attribute to the soul a certain passivity, or who represent it as composed of a multitude of different faculties. According to him the faculties of the soul reduce themselves to a mere spontaneous activity, which shows itself in acts of will or intelligence; the intelligence or the faculty of combining ideas and sensations, and the memory, that is, the power of preserving acquired knowledge. The other faculties of the soul which have been admitted by psychologists, are only results of the connection between the soul and the organism.

The influence of the soul over the emotional apparatus is shown in the inherent power which it possesses of exciting it, of spontaneously bringing it into action; and in the opposite faculty of circumscribing its scope, and of arresting or regulating the emotional feeling as well as the appetites and desires by which it is manifested. In his conception of reason, Buchez did not admit the existence of innate ideas. He considered those metaphysical abstractions which are always present in the mind, and which are chiefly relied on for proving this innate nature of ideas, such as the notions of cause, substance, unity, &c., as being the "expression of the mere nature of our mind and our organism, and as being necessarily produced from the moment that these parts of our being enter into relation." As regards all other ideas, and particularly those called moral, he attributed them in the first place to education, but in part to sensation and in part to reason.

In human society, it is by education that individuals receive in infancy the first ideas which enable them to see and to think for themselves. But it may be asked, how education can be possible in the case of infants devoid of ideas of any kind? Buchez considers that the question may be solved thus: in consequence of his first necessities and sufferings, the infant comes to conceive of the fundamental difference between *yes* and *no*, under the triple form of command and obedience, activity and passivity, using and abstaining; and these ideas give him the means of seizing and comprehending all those which come to him by education.

As we have already hinted, Buchez regards memory as being both mental and material. The material memory is that which enables us to reproduce in the same order a series of impressions or signs, to learn by heart pieces of composition of literature, and is evidently connected with the same causes as the association of ideas. It is, indeed, the association of ideas in combination with habit. The nervous connections between the impressions and the signs are in most cases established in a stable manner only when repetition has fixed them in the brain. In general, every reproduction of impressions or of signs is an act of the material memory, and the greater or lesser facility which this aptitude exhibits, is certainly connected

with cerebral conditions. But the material memory does not come into play except in the case of actual reproduction, of expressing in thought or word a series of signs and ideas. Buchez carefully distinguishes the mental memory from this. By the mental memory we preserve in the mind the knowledge which we have acquired. It is present there, however, though it may be latent; and the mind can call it up at pleasure whenever it requires it. When, for example, we read a book, the pages, the chapters which we have first read remain in our mind, although it may be impossible to reproduce the material arrangement, the expressions, or the forms. For if they did not remain there we could understand neither the drift nor the conclusion of the work. In like manner, when we have studied a science for many years, and in subsequent years have completed our knowledge by practice and experience, all these acquired ideas remain treasured in the mind, although we seldom think of them, and it would almost always be a great labour to unfold the course. But let a necessity for these ideas arise, as in the case of a lawyer consulted by a client, or a physician called to the bedside of a patient, and the knowledge stored up in the mind comes forth to assist in the opinion which requires to be formed. In other words, the material memory is the faculty by which we recall anterior impressions; the mental memory is that by which we know that which we have learned.

*Medico-Legal Report on the Case of a Man accused of Theft.*—M. Achille Foville quotes the following from the 'Constitutionnel' of the 28th of August, 1865.

"On the 11th of August, 1865, the Court of Assizes at Lyons had to try a man named Benoit Chuzeville, fifty-three years of age, a labourer, residing at Saint Igny de Vers, accused of assassination.

"It appears from the indictment that a brother of the accused had bequeathed to one of his nephews certain plots of land, but that instead of recognizing the legality of this legacy, Chuzeville had persisted in considering himself as the true proprietor of the ground, and threatened with serious injury any who should attempt to remove the crops. One M. Dumoulin having, however, become the owner of these crops, repaired, along with his father, to the land in order to commence mowing. Chuzeville met them, armed with a double-barrelled gun and a pistol ready loaded. He killed the father, and would have also killed the son had not the second barrel missed fire. There then took place a hand to hand struggle, in which Chuzeville tried in vain to use his pistol, but was disarmed and delivered over to justice.

"In the course of the trial certain doubts arose as to the soundness of the mental faculties of the accused. The policeman belonging to the parish, who was called as a witness, stated that six days

before the murder, Chuzeville, said to him, 'When you go to Monsols, go to the sergeant and tell him to come here with a policeman to prevent the removal of the hay from my meadow, and if they do not come you may calculate on having to remove Dumoulin, for I will kill him if he takes my hay.'

"Dr. Ruel, who was examined as to the wounds which had caused the death of Dumoulin, was also interrogated in regard to the mental condition of the accused, and replied: 'That he could give no definite opinion about it, but that he had heard it said that on the occasion of his brother inheriting some property, Chuzeville had claimed a diamond of considerable value which should have been found in the head of a serpent, and should have been diverted in the succession. This referred to a period long ago.' The sergeant of police, having been interrogated on the same point, stated 'that he did not regard the accused as insane, but that he had heard many say that he was not possessed of all his mental faculties.'

"M. Villeneuve, for the defender, endeavoured to establish by the antecedents of his client and by the declarations of the two last witnesses, that Chuzeville was governed by an exclusive passion, the love of property, which, in his case, was a sort of monomania that represented to him, on all hands, enemies who desired to despoil him of his goods, and that in this mental condition he could not be absolutely responsible for his actions.

"Found guilty, with extenuating circumstances. Chuzeville was condemned to perpetual hard labour."

"We have given verbatim," says M. Foville, "all of the report which bears upon the mental condition of the accused. These elements are certainly very incomplete, very uncertain, and we are far from considering the insanity of Chuzeville as an ascertained fact, or even as very probable. But it seems allowable to me to express regret that the study of his true mental state was not pushed a little further; and, the moment a doubt on the subject was expressed, not only by the defender's counsel, but by two witnesses, the one a physician and the other a sergeant of police, that a medico-legal inquiry was not ordered. The results could not fail to throw light on the obscurity of the case and to afford the jury a strong element in coming to a decision.

"This fact has struck us all the more forcibly, as we have had occasion very recently to observe a case which presented more than one point of analogy to that which we have quoted. The man in question has also for several years considered himself the legal owner of property to which he has no valid right. It is true that happily he has not been led to commit an act so lamentable as the assassination of which we have given an account; but, starting from the same conviction, he concludes with similar logic, that he is entitled to gather in for his own use the produce of the land.

"If the difference is great from a criminal and social point of view, it will at least be admitted, I think, that it has much less importance from a psychological point of view, and that if in the two cases analogous delusions are recognised as the starting-points, the two acts, in spite of the different degree of regret with which they are regarded, will be recognised as being equally entitled to the benefit of irresponsibility.

"However this may be, the person of whom we speak was accused of stealing the crops, and was placed in the *maison d'arrêt* at Chalons-sur-Marne. During the examination doubts arose as to the soundness of his intellect, and we were instructed, along with Dr. Delacroix, jun., the medical officer of the prison, to report to the authorities upon his mental condition."

Without following M. Foville through all the details of the report, it may be stated that the man, whose name is Parjoit, had been known from youth for his eccentricity, and at thirty years of age he had an attack of acute mania, in consequence of which he was placed in the asylum of the department. This illness was of short duration, but his mind was left weaker than it had previously been. He had difficulty in understanding that he must submit like others to social obligations, and in particular could not be prevailed upon to pay his debts. After the death of his parents their heritage was divided between him and his two sisters. He agreed to purchase their portions; but after taking possession of them, he never thought of paying. Recourse was had to legal means, and part of the property was sold, but he would never give up his hold of the land. In subsequent years he was frequently brought before the courts for nonpayment of debt, and gradually his whole property was sold; but he never would acknowledge that it could be so, as he had never given his authority for the sale; and he regarded himself as treated with great injustice when interfered with. The last time he came into collision with the law was for removing the crops from the land to which he had no longer the slightest claim; but he maintained that the land was still his. He admitted that the officers had frequently brought papers to him; but he did not understand why they meddled with his affairs, and he paid no attention to papers or letters on the subject. In talking of a fowling-piece which had been seized at his house by the police several years ago, he said, "At the fall of the republic a carbine was taken from me, and I was told that it was at the tribunal at Chalons. I went there, and called the *procureur du roi*, to whom I complained; but he refused to interfere, as the police, he said, had done right. So the next day he was dismissed from his post for having answered me improperly. Louis Phillippe was also dismissed on my account."

The conclusion to which the reporters come is as follows:—

1. That Parjoit is really affected with insanity. 2. That, if in that



condition, he is conscious of the acts which he commits, he certainly is not conscious of their moral value; and does not comprehend the criminal character of those of which he is at present accused. 3. That consequently he cannot be regarded as legally responsible. 4. That there is too much reason to fear that if he were set at liberty he would fall again into the same errors, and would commit acts of violence against those who would oppose him, and whose rights he is unable to understand; that consequently he must be regarded as a dangerous lunatic. (Dated 10th July, 1865.)

In consequence of this report, he was placed in the asylum of Chalons-sur-Marne. Since his admission he has been one of the most industrious and manageable patients, but still maintains his inalienable right to the property. M. Foville regards him as labouring under incurable dementia.

*The Utility of Family Life in the Treatment of the Insane.*—This subject is treated at some length by Dr. Brierre de Boismont, and is illustrated by several reports of cases treated in the writer's own family. "When we took the superintendence in 1838 of our first establishment," he says, "the insufficiency of the premises, their bad arrangements, and the impossibility of satisfactorily improving them, suggested to us the idea of receiving into our own apartments those patients who showed probabilities of recovery. . . . We relied for the execution of this experiment on our worthy spouse. The attempt was delicate, but the results were very satisfactory; for of the first twelve patients whom we chose, eight were cured." Under the kind and continuous care of so distinguished a physician as M. Brierre de Boismont, many cases, as might have been expected, were nursed into sanity. But the details of these recoveries are not so interesting as the opinions expressed by M. Brierre in regard to the advantages of domestic treatment. He attributes the good results of the system chiefly to feminine influence. "The character of man," he says, "cannot bend itself to this kind of slavery. The attempt to do so is, indeed, most distressing, as one must listen continually to the same complaints, the same pains, and the same demands. These repetitions last for hours and sometimes days; they are mingled with disagreeable remarks, irritating words, insulting reflections, and even the infliction of bodily injuries, and very often accompanied by lying, slander, and calumny. The character of woman accommodates itself better to these incessant annoyances. We cannot, therefore, sufficiently impress on medical men who propose to devote themselves to the care of the insane, the great importance which attaches to their choice of a wife; for she may render immense services to the establishment, and it is she alone who can render them. Much has been said during past years concerning family treatment. We believe

that we make no mistake in saying that we have put it in practice for a long time. Such is at least the testimony borne by the celebrated Ferrus, at the meeting of the Medico-Psychological Society, of 26th June, 1860, when the question of Gheel was under discussion. We quote his words *verbatim*—"The colony of Gheel," said he, "has been quoted as an example. Better a hundred fold for the insane is a restricted, judicious, and scientific liberty, such as M. Brierre knows how to give to the patients in his *maison de santé*, to the good management of which I have been a witness." While reproducing with gratitude this eulogium of an inspector-general, we hasten to declare that by the aid of M.M. Parigot and Bulckens, the colony has made considerable progress; but let us also add that the infirmary is the commencement of a closed asylum, and that from this point of view the colony enters upon a new phase, the system of mixed colonization which we believe to be preferable."

"The advantages of family life, especially for depressed monomaniacs, are too evident to require that we should insist on them further. For the application of this part of moral treatment there is no necessity for superior qualifications; an honest, good, religious heart will succeed very well. The man of genius will, by exceptional rules, sometimes obtain surprising recoveries; but the kindly person, who, in spite of their bad qualities will consider the insane as children that are confided to him, and will remain continually among them, will obtain recoveries less brilliant, but more fruitful and certainly more permanent. This result is not the only one; there are others which are not less positive. Patients are brought to us who are intractable, discontented with every thing, excited, under the belief that they are surrounded by enemies, unwilling to do anything that they are asked to do, unreasonable in their actions, continually complaining, obstinate, and even unbearable. When scarcely a few days from their admission have passed, the living in common has a softening influence on their characters, and they soon begin to get on harmoniously with the other boarders. No doubt this cannot yet be called a cure; but submission to the rules of the place is in itself a decided improvement. There is another consequence of this mixing of both sexes, under the superintendence of one of the chiefs of the establishment, and with such precautions as the nature of mental affections requires; that is, the activity, the animation, the normal appearance, and the air of life which is presented by the patients thus assembled.

"Compare the spectacle before you with that of divisions where sexes are kept apart, where the sections are multiplied, and, I am not afraid to say, where the patients are penned up; and it is impossible that the most superficial observation would fail to seize at once the difference between the two methods. The deduction is quite natural; if you wish to send back into society those patients

who have required to be secluded, let them see the good features of that society, by performing towards them the functions of a consolator, in a word, of a friend, the physician to mind and body.

"Analogy, which must not be confounded with identity, enables us, however, to make certain well-founded comparisons. Thus it is long since we wrote: the insane are children—we might have added, spoiled children. It is no part of our intention to criticise public education, but it is incontestible that private education has the advantage of disclosing the character of the child before he becomes reticent, and allows the germs of his future to penetrate his individuality. If the parents are properly impressed with their duties, if they are equal to their mission, they may be able by their daily contact, their advice and their example, to develop and strengthen that inner force which is called conscience. In a certain number this education will prevent faults, in the greater number it will moderate and circumscribe them, and it will even restore in many cases those who may have fallen. This familiar, initiative, and up to a certain point contagious influence is equally effective among the insane."

M. Brierre sums up his conclusions categorically as follows:—

1. Family life mitigates what is disagreeable in seclusion where such treatment is found necessary.

2. This powerful auxiliary to general treatment is favourable, not merely to the cure of mental diseases, but it sometimes even retards for years the progress of the chronic condition.

3. In enabling to restrict the number of sections, family life actually removes the cloistral character, and makes a nearer resemblance to an ordinary house.

4. The incessant action of family life unobtrusively undermines delusive ideas, and puts a stop to those sudden manifestations which attest their influence over the patients. Direct argument, or sentimental emotion on the other hand, almost always fail during the first period of mental derangement.

5. The time when family life ought to be commenced, varies according to the symptoms; sometimes it is suitable from the beginning, at other times it is necessary to wait until the acute stage has lost some of its force.

6. This daily and continuous observation, which reveals the periods when it may be proper to employ argument, is not less indispensable for the study of the legal responsibility of the insane.

7. The superintendence of this treatment does not require superior qualities; extreme patience, and kindness combined with firmness, suffice to attain the end.

8. Woman, by her devotion and her religious tendencies, is eminently suited for this mission. She ought to be assisted in the work by her family, or, when that is wanting, by a select staff.

9. The patient's family cannot ordinarily manage the insane, for it is often the point of outbreak in their maladies, and it cannot bring new influences to bear upon them.

10. The simplicity of the means ought to be so much the more acceptable, as it is only an application of psychological medicine."

*Passion, Immorality, and Insanity.*—In this article M. Tissot as usual disregards all considerations except those of a purely psychological nature. "Passion," he says, "in the ordinary sense of the word, is an exaltation or depression of the sensibility, which makes those persons and things with which the passion is connected appear in an illusory or deceptive light, which forcibly excites or enervates action and tends to subjugate liberty, in spite of the protests of reason. "Immorality and insanity" he regards as being only advanced stages of the same condition where the reason becomes weaker and weaker. "Passion is only at the gates of the soul which it besieges. By reflection, effort, and wise measures, it may be repelled, driven away, banished beyond recall. Immorality, on the contrary, has penetrated into the soul; it has established itself there as sovereign, but although ruling it, still permits it to exist, blinded, subject, and enthralled however. Insanity more than captivates or enslaves; it take away its personality, transforms it in a manner into its own image, and places it completely at its command." From these speculative considerations, he approaches the question of imputability or moral juridical responsibility. Passion, immorality, and insanity are separated by no distinct lines of demarcation, but pass into one another imperceptibly; and we are possessed of no dynamometers sufficiently delicate to measure their degrees; and we can never tell how much or how little guilt attaches to any action. In considering the question of punishment, however, M. Tissot remarks, that "the right of punishment as a right to re-establish order in the moral world, by means of retribution or correction, presupposes two things equally false, that man has the power, or that it is his mission." He has, however, the right to uphold in human society the dominion of material justice, and what is called social order. In other words, man has the right to protect himself against man. "It appears," says the writer, "that in the question which lately agitated the Medico-Psychological Society, we should have sided with those who believe in moral laws, and in the free will necessary for their fulfilment, and who admit a partial responsibility and liability to punishment wherever there is a partial knowledge of the criminal act on the part of the agent, with partial reflection and partial liberty of action. But we acknowledge also that the imagination may present such seductions, and the appetite such temptations, that the idea of duty and of its holiness would be much weakened, and the liberty of action much diminished."

*Paralytic Dementia observed in the Island of Cuba*, by M. le Docteur Munoz.—(This paper has been already translated in full for this Journal, by Dr. Mackenzie Bacon. Vide 'Journal of Mental Science,' No. lix, Oct. 1866, p. 383 et seq.)

*Medico-Legal Inquiries relative to Insanity*.—M. Dagonet proceeds in this paper with his analysis of the work by Mittermaier. In this portion of his treatise, the learned author examines the question how public action ought to be conducted, in order to obtain an equitable judgment, and to disentangle satisfactorily the responsibility of the accused. The medical experts, he says, ought not to be assimilated to witnesses, nor ought they to be considered as auxiliaries to the judge; and it is of importance not to confound the proofs established by the physician with those obtained by the magistrate from his own point of view. The aim of the expert lies in transmitting to the jury, and imbuing them with, the conviction which he himself has formed. Shauenstein expresses the opinion, that the sentence of the jury is frequently a vote of confidence accorded to the authority of the man whose duty it has been to give his opinion on the medico-legal question. The same author also remarks how much one is disposed to overstep the limits of medical competence when a doubt arises as to the mental condition. The fault may be in the want of knowledge of judges and lawyers in what relates to natural science; but it arises also from the medical men not having enough of independence and moral force to refuse to reply to questions which do not come within the sphere of their knowledge; and much more frequently from vanity, or from ignorance of the limits of their competence, they give opinions which are only personal, and can only be properly given in their private capacity. The views adopted, in much recent continental legislation, have added difficulty to, rather than facilitated the mode of dealing with, the question of insanity. It is not reasonable, for instance, to ask if such and such a person has acted of his own free will. Free will, considered both as a faculty and as a force, is present in every one, even in the insane, only the action of this free will may, in certain cases, be impeded. This question ought so much the less to be put, as the expression bears a great many significations. The legislator, who would comprehend in one formula the doctrine of responsibility, runs in danger of trenching on the domain of philosophy, and would risk being restricted to a scholastic language, as various and misleading as there is want of correspondence between philosophical expressions and those which are juridical and usual. A conscientious physician would often be unable to say whether free will is completely suppressed; and it is an error to suppose that there are such mental affections as partial insanity, as it is called, where irresponsibility ought to be admitted only when an intimate

connection can be shown to exist between the predominant fixed idea and the act committed.

Free will, according to Mittermaier, ought to be considered as an innate faculty in man, which manifests its power in a condition of health, by a determination towards moral and honorable acts, such as reason would approve, and by a resistance to the temptations which the caprices of the imagination and perversion of feeling may provoke. Responsibility he defines as that situation in which every person is, when in a state to recognise the nature and consequences of his acts, and when his free will has not been paralysed by disease, or by some previous and insurmountable restraint.

*Medico-Legal Report on the Case of Seiler.*—This report is also from the pen of M. Dagonet, and refers to a man named Boniface Seiler, who was accused of setting fire to the house which he inhabited. He had shut up his workshop and dwelling, and had taken care, before applying the fire, to remove all objects above a certain value. At the examination which he underwent after having been arrested, he stated that he had suffered serious loss, which, unfortunately, the insurance would be far from covering. The *juge d'instruction* immediately showed him the articles which he pretended to have lost, and remarked that he might make himself at ease on this score, as everything had been found. In presence of this overwhelming proof of his guilt, Seiler was seized with unutterable terror, he remained speechless, and it was thenceforward impossible to obtain any kind of explanation. Remitted to prison, he was soon seized with an attack of cerebral congestion, which gave place to a condition of stupidity. He preserved the most obstinate silence; but it was thought that he might be simulating insanity, and he was sent to the asylum of Stephansfeld, of which M. Dagonet was then physician-in-chief for his opinion.

In his report, M. Dagonet goes carefully into a discussion of the case, and comes to the conclusion, that under the influence of the profound terror which overcame him, at his interview with the judge, he was seized with an intense cerebral congestion, well marked and scarcely admitting of being simulated. The principal symptoms which he exhibited, were a comatose condition, paralysis of the right side, and an abnormal frequency of the pulse; and these continued for several days. These symptoms gave place to a condition of mental derangement which, there is reason to fear, may pass into dementia paralytica. After the date of the report, Seiler began to improve, and ultimately regained his speech, one use he made of which was, to assert his innocence of the crime with which he was charged. At the time of the publication of the report, he had not been brought to trial.

In a subsequent number of the '*Annales*' the result of the trial is

given. The improvement which had begun had gone on, so that when his case came on he was apparently quite recovered. The jury returned a verdict of guilty with extenuating circumstances, and he was sentenced to five years of hard labour.

*Medico-Legal Report on the Case of Mollard*, by Dr. Henry Bonnet, Physician to the Asylum at Maréville.—About the year 1862, the accused threw a piece of wood at his father and hit him in the chest, in consequence of his having been found fault with by the old man. Towards the end of October, 1864, he threw a tub at his father's head but did not hit him. On the 11th of November following, his father requested him to desist from some noise he was making close beside him. Instead of complying he made still greater noise, when his father struck him a blow on the arm with a fire-shovel he had in his hand. The accused thereupon threw a ladle and skimmer, with which he had been beating the table, at his father's face; but having missed his aim he exclaimed—"You shall pay for that blow." He went into an adjoining apartment and soon returned with a *vase de nuit*, which he dashed against his father's head, and upon which it broke. The blood flowed abundantly, but the wound did not disable him from work. When examined, both by the commissary of police and by the *juge d'instruction*, the accused answered questions clearly; but his parents having spoken of him as having suffered from mental derangement, and he himself having declared that he was sometimes discomposed, it was ordered that he should be subjected to medical examination. This was confided to M. Béchet, of Nancy, and afterwards to M. Bonnet. When brought to the asylum he appeared to be calm and intelligent; but when taken to the division of the asylum in which he was to reside, it was observed that, contrary to what is usually observed among the really insane, he became excited and appeared to be much afraid of being placed along with the patients. Afterwards he became calm and continued so during his residence in the asylum. He was also obedient, and regular in his habits; he ate with good appetite and slept well. The result of the inquiry was, in M. Bonnet's opinion, that he had suffered from bad primary education and surroundings, that consequently he goes wrong occasionally; that he is very much under the influence of anger, a condition which does not in itself constitute a nosological entity; and, in conclusion, that he has never been insane, and was possessed of freedom of will at the time of the assault. Mollard was condemned to two years' imprisonment.

*Medico-Legal Report on the Case of Louis P.*—This report by MM. Bourquet and V. Combes, refers to a man who murdered his father-in-law. The two men had quarrelled about money matters, apparently connected with the amount of property which the one

was to receive from the other as dowry ; and being on their way to mow grass on the morning of the fatal occurrence, P— struck the other on the head with his scythe, and, after repeated strokes, smashed the calvarium and then fled, leaving his companion dead on the ground. After the murder and before his capture he made ineffectual attempts at suicide, on one occasion inflicting a considerable wound in attempting to cut his throat. In other ways he conducted himself in a restless and eccentric manner, so that his friends believed him to be insane. The authors of the report, however, to whom the case was referred, report that neither before nor at the time of the deed is there any evidence of his having been insane, and his conduct since is rationally accounted for by mere remorse and fear of the consequences. He was found guilty of murder with extenuating circumstances, and was sentenced to fifteen years' hard labour.

*Medico-Legal Report on the Mental Condition of Jacques Raud.*— This is also from the pen of M. V. Combes, and refers to a demoralised wretch of sixty years of age, a species of satyr, who was accused of having exposed his person on various occasions before young girls, and who had, on four occasions, either committed or attempted to commit rape on four different girls. M. Combes considers that he possessed capacity for the discharge of the ordinary affairs of life, but only an instinctive discharge, not a rational one. The memory was intact ; he had the feeling of authority, and there might even be some traces of emotional faculties ; but what appeared to be most frequently absent were will and moral sense. "As is usual with imbeciles, filthiness is a prominent characteristic of his. The feebleness of his character and of his will, led him to address especially young children ; and if it has been thought, in certain cases, that he was conscious of the culpability of his acts, a mere act of memory has been mistaken for a moral one ; Raud had no idea of the intrinsic and moral value of an action. Considering that he had a very incomplete appreciation of good and evil, and considering the powerful and brutal tendencies which he had not moral energy enough to repress, it is impossible that he could be possessed of free will, and cannot therefore be responsible for his doings." Adopting these conclusions, the public prosecutor abandoned the prosecution.

(To be continued.)



## PART IV.—NOTES AND NEWS.

### *Important Lunacy Prosecutions.*

SOME important lunacy prosecutions have recently been undertaken by the Commissioners of Lunacy against a Dr. Edward Charles James Shaw, residing at the Firs, Boreham Wood, Elstree, Hertfordshire. The charges against him are under the 8th and 9th Vict., cap. 100, sec. 90, for taking or having charge of a lunatic for profit, without the certificate required by the Act, and under the 16th and 17th Vict., cap. 96, sec. 9, for having wilfully neglected the lunatic.

The first case was heard at the Bow Street Police Court on the 28th of November, when evidence was adduced on the part of the prosecution that the defendant had been harbouring an alleged lunatic, and that he was not provided with the requisite licence.

Dr. George Fielding Blandford, of No. 3, Clarges Street, who was examined upon that occasion, described the appearance of the rooms at the Firs when he visited it on the 31st of October last. The room in which he found the alleged lunatic (a Mr. Clode) was about 12 feet square, with a window, and a boarded floor about six inches high. It contained a wooden French bedstead. The bedding consisted of two old mattresses, one on top of the other, and in a very filthy condition. They were very wet, especially in the centre, where there was a great hollow from a person's weight. Over the patient was a piece of old drugget, also in a very filthy state. There was no other bedding, neither was there a pillow, bolster, or sheets. There was a piece of bass matting under the mattresses. Upon looking underneath the bed, the witness saw water dripping from the ends of the mattress, which protruded under the most depressed part of the bedstead. The patient had nothing on but an old flannel shirt, the lower portion of which had been rotted off. After describing the appearances of dirt and filth about the room, Dr. Blandford added that there was no fireplace in it. The patient was neither emaciated nor fat. He stated his name and address correctly, and how long he had been there. He said that the place was certainly in a most disgraceful state. Witness saw the patient again on the 6th and 8th of November, and gave it as his decided opinion that the man was of unsound mind. In answer to certain questions which Dr. Blandford put to him, the defendant said, respecting the disgraceful state of the room, that the patient was of very dirty habits, and that it could not be helped. His friends did not pay enough to enable him to keep the man in a better state. The defendant also replied that the patient was not a lunatic, because he had no delusions, but that he had suffered from paralytic attacks, and had completely lost his memory. He was not placed under any restraint, but was allowed to take walks in the neighbourhood. He was not allowed any money, as, if he were, he would get drunk.

In answer to questions put by Mr. Merriman, who appeared for the defendant, witness said that he did not see anything indicative of an unsound mind, but that the defect of memory was such that he considered it conclusive proof of an unsound mind. He did not recollect that the

patient made any complaint as to a want of food, nor did he ask him the question.

The case was adjourned, and upon being resumed on the 29th of November, Dr. James Risdon Bennett, one of the physicians of St. Thomas's Hospital, was called. He also saw the patient, and said that, judging from the whole conversation he had with him, the patient's habits, and other symptoms, he should say that Mr. Clode was not only of unsound mind, but had hardly any mind left.

It was then proved by Mrs. Charlotte Townhend, of 63, Clarendon Road, Notting Hill, that she had known Mr. Clode all her life. He married her sister in 1834, and carried on business as a wine merchant at Brighton. He had had three attacks of paralysis, the last in 1863. After that he suffered from loss of memory. He so mismanaged his business that he was obliged to give it up. They advertised in the 'Times' for a home for an invalid gentleman. They had no thought of the mind in that advertisement. Engagements were entered into with Dr. Shaw to take care of Mr. Clode, at the rate of £5 per month, and subsequently £10 per month. The increase was asked for in consequence of the dirty habits of the patient.

In answer to Mr. Merriman, the witness said that Mr. Clode had been bankrupt, and the expense of his residence in Dr. Shaw's house was paid by his wife. His wife was formerly possessed of considerable property, and had spent it all upon him. Dr. Shaw had frequently expressed a desire to be relieved of his charge, but his friends had no desire to have him removed. They were satisfied with his treatment.

Another adjournment was asked for on the part of the prosecution, and when the case was again resumed on the 5th of December, Mr. Merriman called witnesses for the defence.

Mr. Godstow, a general practitioner, and surgeon to the Barnet Union, stated that he saw Mr. Clode in 1865, and gave an opinion that he was not a lunatic. He was suffering from chronic softening of the brain, inducing partial paralysis and loss of memory, but in other respects in good health and free from delusions or other indications of insanity. He did not consider the place uncomfortable, certainly not wretched.

Cross-examined by Mr. Poland for the prosecution, the witness said he should say that Mr. Clode was not a lunatic, but that he was a person of unsound mind. He could not certify that he was a person who ought to be taken charge of and placed under care and treatment. He ought to be placed under care and control, but not deprived of his liberty.

Questioned by Mr. Vaughan (the magistrate) Mr. Godstow replied that it was very difficult to define insanity. He should not consider a person insane who had no delusions and was not dangerous to himself and others. If a person had delusions and was dangerous he should say that he was insane. Delusions were the principal symptoms of insanity.

Mr. Edwin Joseph, a surgeon of Barnet, who had been in practice for twenty-two years, said that he had come to the conclusion that Mr. Clode was not insane, and certified to that effect. He had been present at those proceedings, and after hearing the evidence he should not feel justified in certifying that he was a lunatic, or of unsound mind, and ought to be placed under restraint. He required care and kindness, which he considered he had at Dr. Shaw's.

In reply to Mr. Poland, the witness said that he did not consider Mr. Clode to be of unsound mind within the meaning of the Act. He should say that he was of defective mind. The patient was senile; he was prematurely old from excess. When sober he should say that if he had money he could go and take lodgings for himself, buy provisions, and generally take care of his affairs.

Re-examined by Mr. Merriman, the witness agreed with Dr. Godstow that Mr. Clode ought to be placed under restraint. He did not agree with him that there was softening of the brain. He thought that the derangement arose from the spinal marrow and not from the brain at all.

In answer to Mr. Vaughan, the witness attributed the loss of memory to premature old age, the result of excess. He did not consider loss of memory a symptom of unsoundness of mind, though it might accompany an unsound mind. In a person of unsound mind he should expect the drawing of unsound conclusions and incoherency; in a person of defective mind loss of memory.

The case was again adjourned, and when it was again brought before the attention of the magistrate the defendant was committed to take his trial at the Hertford Assizes.

### *Another Charge against Dr. Shaw.*

At the Bow Street Police Court on the 13th December Mr. Vaughan heard another charge against the same defendant for an infringement of the Lunacy Laws, by keeping a Mrs. Frances Danvers Weston, an alleged lunatic, without having a licence according to the Act of Parliament.

Mr. Poland, barrister, appeared for the Commissioners of Lunacy, and Mr. Merriman, solicitor, for the defendant.

Mr. Poland, in informing the magistrate of the facts of the case, said that the Commissioners of Lunacy felt it to be their bounden duty to investigate this case, in order that it might be seen whether it was one which should be sent to the assizes. In the present case the patient, respecting whom the inquiry would be made, was Mrs. Frances Danvers Weston. She was a person of some property, having about £6100 in the consols. It appeared that she married Mr. Weston in January, 1851, and in April, 1858, being then insane, she was removed to Great Foster House, Egham, Surrey, and there confined under a regular medical certificate. She was there until the 11th of February, 1865. On that day she was discharged from that asylum, and was taken away by her husband. He should prove by Mr. Edward Thomas Furnivall, one of the medical witnesses, that at that time Mrs. Weston was in no way relieved. She suffered delusions of a peculiar character, and there could be no question that she was a right and proper person to be under care in a licensed establishment. It would be shown that after she left Great Foster House she went to the establishment which was kept by the defendant. There was no doubt that the sum paid to Mr. Shaw for her board and attention was £65 a year. There was reason to believe that she remained at Dr. Shaw's from 1865 until the 6th or 7th of November in the present year. On the 31st of October Dr. Blandford went to Dr. Shaw's house at the Firs, and endeavoured to see this lady, but was unable to do so. He went again on the 6th of November, but was still unable to see her. Whether these two visits alarmed Dr. Shaw or not, he (the learned counsel) could not say, but the prosecution would show that some time about the 6th or 7th of November, Fanny Wheeler, Dr. Shaw's servant, took Mrs. Weston to Bicester, in Oxfordshire. Having thus taken Mrs. Weston away on the 6th or 7th of November, Fanny Wheeler returned home without her on the 8th. These matters were notorious, and it was thought by the Commissioners that Dr. Blandford should go to Bicester. But when there he was unable to find her. After considerable difficulty Mrs. Weston was found living with her husband's aunt, a Mrs. Osborne, at No. 4, Church Street, Murray Street, Hoxton. When Dr. Blandford saw her he found that there was no question of her insanity. She had delusions of

many kinds. Subsequently Dr. Bennett visited her, and he would confirm Dr. Blandford, and say that undoubtedly she was insane, and a person who ought to be taken under proper treatment. To show that she was confined in the establishment of Dr. Shaw, he should call a charwoman who had been in the constant habit of working at the Firs, and who would say that she was the same person as she had seen there. A police sergeant, who had seen Mrs. Weston on one occasion at the police-station near The Firs, would also identify her. On the occasion of her being at the police-station she was brought there by a constable. She was then very miserably clad; she had no stockings, her dress was unfastened, and her hair was matted. Mr. and Mr. Shaw came and fetched her away. After some further remarks respecting the evidence which would be brought before the Court, the learned counsel drew Mr. Vaughan's attention to the fact that Mrs. Weston was a lady of property, confined without a certificate; and when they found that medical gentlemen were going down and inquiring about her, she was suddenly removed, and no trace could be discovered of her. Under these circumstances the Commissioners considered that it was their bounden duty to investigate the matter, and call upon the defendant to answer the charge in another court. The Act under which these proceedings were taken was for the protection of lunatics and their friends. It was most important for the public good that the Commissioners should know where these unfortunate persons were confined.

Mr. Edward Thos. Furnivall, who was the first witness called, said,—I am a surgeon, living at Egham, Surrey. In 1858, I was part proprietor of the Great Foster House, at Egham. That was a house licensed for the reception of lunatics, male and female. On the 26th of April, 1858, Mrs. Frances Danvers Weston was admitted to my house as a patient. She was confined there as one till Feb. 11, 1865, under certain certificates (produced) duly signed by two medical men. One hundred guineas a year was paid for her keep at first; £52 10s. half-yearly. Subsequently, at the request of Mr. Weston, her husband, this charge was reduced to the sum of £100 a year, and again to £84 a year. She was discharged from our house at the request of her husband.

Mr. Poland.—Was she relieved in any way when she left your house?

Witness.—No; I told him at the time that she was not altered, and I gave him the necessary instructions to have her removed to a private asylum, and he said he was going to do so.

Mr. Poland.—During the time she was at your house was she a lunatic?

Witness.—She certainly was an insane person, and one labouring under delusions.

Mr. Poland.—State one or two of those delusions.

Witness.—She carried the cat about with her constantly, and said that she held conversations with it; that the cat was perfectly able to understand what she said to it; and that she could understand what the cat said to her. She was also under a delusion with respect to certain bed-curtains. She said that before she was sent to our asylum she had laid in bed two years before she could get them. She also fancied sometimes that she was the Queen, at others that she was a great lady; again, that she set the fashion. She would strut about the room saying that she was the Queen, and that she set the fashions.

Mr. Poland.—Was she violent?

Witness.—She was. On one occasion she struck her hand through a pane of glass, and on three occasions, in 1864, she had to be secluded for excessive violence in striking her attendants and another patient. She was very lady-like, but very indolent, requiring to be aroused before she would do anything. On Monday, the 9th of the present month, I went to No. 4, Church Street,

Murray Street, Hoxton. I found Mrs. Weston there in bed. I had a conversation with her lasting a quarter of an hour or twenty minutes.

Mr. Poland.—In your judgment is she still a lunatic?

Witness.—In my judgment she still labours under the same delusions, is a lunatic and an insane person.

Mr. Merriman did not cross-examine this witness.

Dr. George Fielding Blandford.—I live at No. 3, Clarges Street. Am a member of the College of Physicians and a doctor of medicine. I have had a large experience on the subject of lunacy. On the 31st of October last I went to the house of the defendant at The Firs, Boreham Wood. I had an order from the Lord Chancellor authorising me to visit that establishment.

Mr. Merriman.—That order must be put in.

Witness.—I went into the house, and asked to see all the inmates. I was told I did see all the inmates; but I did not see Mrs. Weston there. I saw three ladies and Mr. Clode. At that visit I went into all the rooms, as I then thought, but I afterwards discovered that there was one bed room which I did not see. I saw Mr. Shaw on that occasion. On the afternoon of the 6th of November I visited The Firs again. The defendant was not then at home. I did not see Mrs. Weston there then. This time I asked for her by name.

Mr. Merriman.—This is not evidence, as the doctor was not in.

Witness.—I did not see Mrs. Weston there, but I went over the house, and into the room which I did not visit before. On the 8th of November I went again to the defendant's. I did not see him then, as he was out. I inquired for Mrs. Weston, but did not see her.

Mr. Poland.—In consequence of some communication, did you go to Bicester, in Oxfordshire?

Witness.—I went there on the 9th, with the object of seeing Mrs. Weston. Amongst other places, I went to the house of the mother of Fanny Wheeler, the servant. I was not able to find her (Mrs. Weston) there. On the 23rd of November, I went to No. 4, Church Street, Murray Street, Hoxton. I there found Mrs. Weston. She was living with Mrs. Osborn, her husband's aunt. She told me on that occasion her name was Frances Danvers Weston. I was talking with her for about an hour.

Mr. Poland.—In your judgment is she a lunatic and insane person?

Witness.—Decidedly she is. She was suffering from delusions. She told a long story about bed-curtains, which has been mentioned. She said that they were conjuring curtains, and that they would come to her by magic. She told me that she had stayed in bed two years, waiting for these curtains to come to her, and that when they did not come at the end of two years she was taken to Great Foster House. She told me further, on that occasion, that nobody was dead. She said her father was alive, and also that the Duke of Wellington was alive.

Mr. Poland.—Did she say which Duke of Wellington?

Witness.—No, I did not ask her. She also said that her aunt was alive. This conversation arose out of one as to whether her friends were alive or not. On the 30th of November I again visited her, and on that occasion I was accompanied by Police-sergeant Sawyer. I had further conversation with her.

Mr. Poland.—From these two interviews are you clearly of opinion that she is insane?

Witness.—Yes. She told me that she had had a visit from two gentlemen the previous week, one of whom was the Prince of Malta. I asked her other questions, and she said that cats were not cats, but animals of a different species, called "Jefferies," and so called by Dr. Roberts, of Great Foster House. She told me that she saw a man fly past her window, without any wings, and with a thick skin over him.

Cross-examined by Mr. Merriman.—I have seen Mr. Weston. I saw him a few days after my first visit to Mrs. Weston. He came to my house. That is the only time I have seen him. I do not see him here to-day.

Mr. Poland.—We have tried to find him, but cannot. If he were in court I should call him at once. If you (Mr. Merriman) can give us any information about him we shall be very glad.

Mr. Merriman.—I should be very glad if I could do so.

Mr. Poland.—Did Mr. Weston refuse to give you his address?

Witness.—Yes.

Mr. Merriman.—Did he call upon you uninvited?

Witness.—Yes. I presume he did so in consequence of my visit to Mrs. Weston. He gave me to understand that. I asked him for his address, but he refused to give it.

Mr. Merriman intimated to the magistrate that he should reserve his cross-examination of the witnesses.

Dr. James Risdon Bennett.—I live at 15, Finsbury Square. I am one of the physicians of St. Thomas's Hospital, a doctor of medicine, and a Fellow of the Royal College of Physicians. On Saturday, the 7th of December, I went to No. 4, Church Street, Murray Street, Hoxton, but I did not see Mrs. Weston on that day. I was told that she was having a bath. I went on the following Monday, the 9th, when I saw her. I addressed her as Mrs. Weston. Mrs. Osborn, the aunt, went into the room with me. I remained with Mrs. Weston about three quarters of an hour. I had a conversation with her, and formed an opinion respecting her state of mind.

Mr. Poland.—In your judgment is she a lunatic?

Witness.—In my judgment she is insane, and a person who ought to be kept under proper care and treatment.

Mr. Poland.—In the course of the interview did you ascertain that she was suffering from various delusions?

Witness.—I did. I had a conversation with her for some time before they came out. I was anxious that they should appear spontaneously, rather than be elicited by me.

This witness was not cross-examined.

The two previous medical witnesses had also agreed that Mrs. Weston was a person who, in consequence of her insanity, ought to be kept under proper care and treatment.

Sergeant Wm. Sawyer, A R. 768.—I know The Firs, the defendant's premises. There is a police-station at Shenley Hill, near Barnet. It is distant about two miles and a half from The Firs. I was there last February, when a lady came there about half-past seven o'clock in the morning. She was brought there by a police-constable. I thought she was an insane person, and detained her on that ground. She had no bonnet on, no stockings, an old pair of boots, an old brown lindsey dress, open all up in front. Her hair was matted, and looked as if it had not been combed out for months. It hung over her shoulders. A conversation took place, and she said that she had a friend, a General Brooks, living at the Black Forest, Windsor. She said she had lived there, and also at Cheltenham, but that she did not like the latter place, as it was so damp. She said it was 9000 miles below the level of the sea. Between eight and nine o'clock the same day the defendant and his wife came to the station. They were in a dogcart. Mr. Shaw stopped outside with the horse and trap. Mrs. Shaw came into the station. She brought a bonnet and cape with her. They took this lady away with them in the dogcart. On the 30th of last month I went to No. 4, Church Street, Murray Street, Hoxton, with Dr. Blandford, and I found the same lady there.

Emma Coughtree.—I am an inmate of the Hendon Union. My husband

is dead. In the month of May last I went to Mr. Shaw's, at The Firs, Boreham Wood, for the purpose of washing, once a fortnight, and once a week to cleanse Mr. Clode's rooms. When there, from time to time I have seen Mrs. Weston. I saw her there last on the 6th of November. The servant, Fanny Wheeler, was in the house then. On the following day Mrs. Shaw came to my cottage and made a statement to me. The next morning I went to the defendant's house. I remained there till the afternoon, and did not see anything of Fanny Wheeler or Mrs. Weston. I saw Fanny Wheeler again on the 8th. When I saw her I was standing at my gate. She was then alone. I saw Mrs. Weston at No. 4, Church Street, Murray Street, Hoxton, on the 24th of November. I had seen Mrs. Weston at The Firs cleaning knives and forks, boots and shoes, washing plates, dishes, and saucepans, sifting cinders, and turning an oat-crushing machine. She took her meals in the back kitchen by herself. Fanny Wheeler was the only domestic servant.

Cross-examined.—On the 7th, when at The Firs, I saw Mrs. Shaw and Dr. Shaw there the whole time. On the 8th, when I saw Fanny come home, she might have come from Barnet. A messenger from the office of the Commissioners of Lunacy, who is now present, went with me to No. 4, Church Street.

By the Magistrate.—When at The Firs I have never seen Mrs. Weston walking about.

Re-examined.—My cottage adjoins the back of the stables at The Firs.

Mr. Durant, of St. Albans.—I am a solicitor and deputy clerk of the peace of the county of Hertford, of the liberty of St. Albans, and of Elstree, within the limits. I should be acquainted with any licence which was granted by the justices. No licence has been granted to Dr. Shaw authorising him to keep the premises known as The Firs for the reception of lunatics.

Mr. Thomas Martin, chief clerk in the office of the Commissioners of Lunacy, was called to prove the practice as regards the certificates which authorise qualified persons to keep lunatic and insane persons in their asylums. The defendant's house, The Firs, had not been registered as an hospital or asylum for the reception of lunatics. The defendant had not made any returns respecting a lunatic named Frances Danvers Weston, according to the requirements of the Act of Parliament. He had not sent in any documents respecting that patient at all.

Cross-examined.—I have not seen Mr. Weston, nor do I know where he is.

Mrs. Charlotte Townhend, of 63, Clarendon Road, Notting Hill, proved that she knew the defendant, having corresponded with him. She had received a large number of receipts from him respecting the payment for the maintenance of Mr. Clode.

Mr. Poland handed the witness certain receipts for the maintenance of Mrs. Weston.

The witness said that to the best of her belief the handwriting was that of Dr. Shaw. The receipts were dated from the 1st of April, 1865, till the 1st of October, 1867.

This was the case for the prosecution.

Mr. Merriman briefly addressed the magistrate on behalf of the defendant. According to his instructions, he said there was the clearest possible answer to the charge. The prosecution had brought forward no evidence as to the circumstances under which this lady was placed with his client. He thought it was most material that such evidence should have been given. If that evidence were forthcoming, it would show that Dr. Shaw took charge of Mrs. Weston as he did of other persons who came to his establishment for the

benefit of their health, as invalids, who came there voluntarily. It was within the knowledge of the Commissioners that persons did go to his house as invalids. He asked whether, in the default of such evidence, the case should go to the sessions. The reason that he had not cross-examined the witnesses was that if the magistrate thought there was a *bonâ fide* case it would be a waste of time. There was another case against the defendant which would come on at the same assizes. With all respect, he submitted that a *bonâ fide* case had not been made out without the production of Mr. Weston, or something beyond what they had heard.

The magistrate did not think it was necessary for the prosecution to go into the circumstances under which the alleged lunatics came into Dr. Shaw's house. They had sought for Mr. Weston and could not find him. It was more a matter for the defence. It was quite sufficient for the prosecution that the lunatic was there, that no licence had been granted to the house, and that no return had been made to the Commissioners. It was perfectly certain that she was received there for the purpose of profit. He had no alternative but to commit the defendant to take his trial at the spring assizes.

The magistrate consented to take bail, defendant in a sum of £200, and one surety of £100.

### *Care and Treatment of the Insane Poor.*

The address of Dr. C. Lockhart Robertson (president of the Medico-Psychological Association) at the recent annual meeting has been published separately, and will well repay perusal by all those who are interested in the public arrangements and institutions for the treatment of the insane poor. Dr. Robertson thinks we are not far from a sufficient provision for this purpose. During the twenty years the Lunacy Act has been in force, the number of beds in the county asylums in England and Wales has increased from 5500 to 26,000. In 1847 the public asylums provided accommodation for 36 per cent. of the pauper lunacy of the country; in 1867 there is provision for 60 per cent., which Dr. Robertson thinks a fair provision, and which leaves 25 per cent. to be treated in workhouses, and 15 in private dwellings. The addition of 7000 more beds to the existing number (26,000) in the county asylums would meet every want that is likely soon to arise. Dr. Robertson believes that this addition may be best procured by increasing the number of beds in existing asylums to an average of 600. In 1847, 1 in every 880 of the whole population was a pauper lunatic; in 1867, 1 in 494. It requires all the authority of Dr. Robertson's opinion to satisfy us that these figures do not show an increase in the amount of pauper lunacy. He thinks they do not show this, but only more accurate returns, and a desire in the lower middle class to procure treatment for their relatives in the county asylums. While allowing the generally satisfactory condition of lunatics in workhouses, he urges the placing of them, even there, in the charge of the justices of the peace, under the supervision of the Commissioners in Lunacy, and the annual visitation of the workhouses of the county by the medical superintendent or other officer of the county asylum, with a view to a report on the general condition of the lunatics and the interchange of cases between the workhouse and the Asylum. In Scotland, 13 per cent. more of the cases are treated in private dwellings. Sixpence a day is allowed to labourers for such cases. Dr. Robertson—we think justly—condemns the Scotch practice of granting licenses (without fee) for the care of three or



four cases in a labourer's cottage, and characterises it as a retrograde step in the treatment of the insane. We entirely agree with him. These cases are ostensibly under inspection quarterly or half-yearly, but no such inspection will ensure the proper treatment of the idiotic for sixpence a day in the houses of strangers, undertaken for pecuniary profit.

We can only hope that the public arrangements for the treatment of the insane will soon be completed in the spirit of the great Lunacy Act of 1845. It is easy to understand that while these are incomplete the medical minds of this department cannot be at leisure to do their best in the strictly medical treatment of insanity.—*The Lancet*, October 19.

### *L'empereur d'Autriche chez le baron Mundy.*

L'empereur François-Joseph a quitté aujourd'hui la France, emportant le meilleur souvenir de l'accueil qu'il y a reçu, et qu'a singulièrement favorisé le plus magnifique temps qui se soit jamais vu en cette saison. Les chroniqueurs ont suivi ses pas, recueilli ses paroles, à l'Exposition comme ailleurs; mais, suivant leur imperturbable coutume, ils ont négligé les épisodes les plus sérieux de ses courses. Ils ont noté, par exemple, que l'empereur avait visité la brasserie viennoise, et ils se sont bien gardé de dire (sauf le chroniqueur du *Petit-Journal*), qu'en sortant de là, il s'était rendu dans la maison-modèle du docteur baron Mundy, et avait eu avec cet exposant, qui est chirurgien-major de 1<sup>re</sup> classe dans l'armée autrichienne un long entretien.

Telle est pourtant l'histoire vraie. L'empereur a visité avec le plus sérieux intérêt le plan et les détails de la maison-modèle pour le traitement des aliénés en famille; il a demandé à l'exposant des explications précises et les a écoutées avec la plus grande bienveillance; il a accepté de la meilleure grâce notre livre sur *Gheel*, richement relié, que le docteur lui a offert en son propre nom. Enfin, comme témoignage de sa haute satisfaction, S. M. l'a nommé commandeur de son ordre de François-Joseph. Cette visite prolongée et attentive a dédommagé un peu le zélé réformateur de la psychiatrie de l'oubli où l'ont laissé les jurés, qui n'ont pas même daigné jeter un coup d'œil sur son ingénieuse et coûteuse installation, non plus que sur les études approfondies qui la complétaient. Mais ils ont eu bien d'autres distractions. Que la terre du Champ-de-Mars leur soit légère, comme l'est la reconnaissance de beaucoup d'exposants!

Quant à M. Mundy, ses travaux et ses dépenses ne seront pas perdus pour la science. Outre l'immense propagande qui résulte de son exposition, visitée par 2 à 300,000 curieux, il va reprendre à Vienne le cours de sa propagande. Il ouvrira prochainement dans cette ville une série de cinq leçons sur la *colonisation des aliénés*. Cet enseignement sera complété par deux autres cours, l'un sur les *institutions sanitaires en Europe et en Amérique*, l'autre sur la *médecine légale de l'aliénation*; enfin il lira des chapitres choisis sur la *phréno-pathie*. Ces cours auront lieu, les uns dans l'Académie Joséphine, les autres à l'Université de Vienne.—*L'Economist Français*, 7 Novembre.

### *Epileptic Kleptomania.*

Will Dr. Maudsley, Dr. Forbes Winslow, or any other of our distinguished alienists, inform us as to the etiology of that singular affection which has been described as *epileptical kleptomania*? The malady is, we fear, one which is

to some serious extent epidemic, and since those who suffer from it appear to be legally irresponsible as to the rights of "*meum et tuum*," it would be as well that some steps should be taken to clear the matter up. The two "respectably connected youths" who were convicted before Mr. Elliott of stealing from the stalls in the Crystal Palace, were discharged with an admonition only, because the testimony showed them to be afflicted with this very remarkable disease. It is so much the fashion now to criticise the "justice's justice" of the magistrates' courts, that we feel disposed to be critical as to Mr. Elliott's procedure in the case. If these "respectably connected" youths were really the victims of a recognised malady, it is clear that they deserved rather the sympathy than the censure of the bench; but, of course, if *epileptical kleptomania* be a euphemism for petty larceny, it is equally clear that an admonition was a sentence of the most exquisitely kid-glove character. We are anxious to see this interesting point in mental pathology more clearly defined.—*Medical Times and Gazette*, November 30.

*A Memorandum on the Pay, Position, and Education of Assistant Medical Officers of Asylums.* By PROFESSOR LAYCOCK, M.D.

No one doubts that practitioners in general would be much better able to fulfil their duties towards the insane if they were better educated in the theory and practice of medicine as to mental diseases. With this useful object the University of London has lately recommended this special study to candidates for its medical degree, and certain medical schools have established Lectureships of either Medical Psychology or Mental Disease, two departments which may be considered respectively as the theory and practice of mental medicine or psychiatry. From the few inquiries I have made, I gather that the attendance on these Lectureships is exceedingly small, except in Edinburgh, and there, although in an exceptionally favorable position, the attendance is also very small compared with the number of students. The truth is that medical students in general have no encouragement whatever to engage in the study, except the remote and indirect advantages it offers.

It might be supposed that appointments to asylums as assistant medical officers, with the prospect of promotion to be medical superintendents, would be inducements, but they are not. Above 200 students have passed through my own class during the last nine years, and a good proportion have been offered such appointments, yet many have declined the offer.

Now, the education of the assistants mean, not only the education of the future generation of superintendents, but also the better aid and careful of existing superintendents. I have used the phrase "*better aid and careful*" designedly, that I might not be supposed to throw any doubt upon the zeal and efficiency of their assistants generally, and I think, from this point of view, we shall be all agreed as to the value to an assistant of a special training in the theory and practice of medicine in mental diseases, so that we have only to consider how that end shall be best attained. Now, since without students lectureships will not be carried on, it follows that students must be induced to pursue the special study, otherwise the very means of education will not be forthcoming. Now, my experience of those who have followed it in my own class is, first, that for the most part (not altogether) they are first-class men, attracted to the study for its own sake; and second, that the position, pay, and prospects of assistant medical officers of asylums are such that an appointment of that kind is not worth their notice, in comparison

with advantages offered to a successful career in other departments of practice, and will lead to their *resignation*. The position is thought too subordinate. I write this, of course, not as my theoretical opinion, but as the experience of some of my young friends who have been assistants, or have been offered appointments. Now, this drawback is much more likely to influence the decisions of a high class of every practitioner, and I find practically it is so. Secondly, the pay is an inadequate consideration for the services of specially educated men. An appointment of £70 or £80 per annum may be taken for a year or two, but this even is hardly thought worth the skill of the class of men I refer to; not intending to follow up the specialty they think it a waste of time.

Then those who have accepted an appointment and desire to continue in the career they have chosen, are disheartened and discouraged by unsuccessful attempts at promotion to be superintendents. "Hope deferred maketh the heart sick" under any circumstances, but, with an inadequate salary, long waiting is doubly distressing, because it is a waiting during the years when a young man expects to be married and settled. It is obviously impossible for all to be superintendents; the assistant is therefore sometimes compelled to abandon his career from sheer hopelessness as to his future prospects. I have known excellent assistants lost to the specialty in this way, who, if their salaries and position had been made suitable to their age and experience, would have gladly waited on; because in that case, although the prospects of promotion to a full superintendency might be remote, they would have been content with the prospective advantages of their own position.

Now, I do not see any insuperable difficulties in the way of these suggested improvements in the position, pay, and prospects of the assistants in our asylums. I cannot doubt that every superintendent would welcome a well-educated assistant, and cordially concede to him such a title as "second," or "junior," or "deputy" superintendent, provided he be of a certain age and standing, with the respect which would belong to the title. The money question would be more difficult; but the arguments in favour of a small additional outlay are cogent. The asylum would gain in skilled services quite equal to the increased pay; while a most important end would be gained, to which no money value could be attached.

It is a matter of general complaint how little our public asylums contribute to the theory and practice of medicine in that special department, and the solid reason has been as often advanced as the complaint, namely, that the superintendents are overworked. Now, an educated assistant would be able to co-operate effectively in this duty of our superintendents, to the great advancement of mental science.

Looking, then, at the business from these practical points of view, I venture to suggest as follows:

1. Every candidate for an assistantship in a public hospital or asylum for the insane shall be required, after a certain date, to produce evidence that he had attended at least one course of lectures on both the theory and practice of medicine in mental diseases; had attended the practice of an asylum for three months; and had passed successfully an oral, clinical, and written examination. There would be no difficulty as to the latter, for these examinations have been conducted here for some years past by the Medical Commissioners in Lunacy for Scotland and myself.

2. That every assistant, after ( ) years' service as such, shall be entitled to the retiring allowance and position of superintendents.

3. That the pay shall not begin with less than ( ) per annum; and increase ( ) annually with each year of service.

4. That accommodation be provided for the wives and families of second or junior superintendents, if they be married.

My conviction is that some such arrangements as these would develop the study of both theoretical and practical psychiatry in our medical schools, would render the management of public asylums much more efficient, and would greatly advance our knowledge of mental science.

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The Honorary Secretary has to communicate the following letters:—

THE ALBANY, 21st Nov., 1867.

DEAR SIR,—I beg to acknowledge the receipt of your letter of the 18th, and shall be much obliged if you would convey to the gentlemen who have elected me an honorary member of the Medico-Psychological Association that I am much indebted to you and them for the honour thus conferred upon me.

Believe me, dear Sir,

Always faithfully yours,

Dr. HARRINGTON TUKE.

W. C. SPRING RICE.

19, WHITEHALL PLACE, Aug. 31st, 1867.

DEAR SIR,—I beg to thank you for your letter of the 19th inst., which, owing to my absence from London, has only just reached me.

I shall feel obliged if you will, at a fitting opportunity, acknowledge on my behalf to the Medico-Psychological Association, my grateful appreciation of the honour they have done me in electing me an honorary member of the association.

I am, dear Sir, yours faithfully,

JOHN D. CLEATON.

T. HARRINGTON TUKE, Esq., M.D., Hon. Sec. of the  
Medico-Psychological Association.

*Publications, &c., Received, 1867.*

(Continued from the 'Journal of Mental Science,' Oct., 1867.)

'St. George's Hospital Reports.' Edited by John W. Ogle, M.D., F.R.C.P., and Timothy Holmes, F.R.C.S. Volume II. John Churchill and Sons, New Burlington Street, 1867.

'Cottage Hospitals: their Objects, Advantages, and Management.' By Edward John Waring, M.D. John Churchill and Sons, New Burlington Street, 1867 (pamphlet).

'Germinal Matter and the Contact Theory.' By James Morris, M.D. Lond. Second Edition. John Churchill and Sons, New Burlington Street, 1867, pp. 111.

'The Mad Folk of Shakespeare.' Psychological Essays. By John Charles Bucknill, M.D., F.R.S., Fellow of the Royal College of Physicians. Second Edition, revised. London and Cambridge: Macmillan and Co., 1867, pp. 333.

*A beautiful reprint by Messrs. Macmillan of Dr. Bucknill's charming Essays on the 'Mad Folk of Shakespeare.' The Essay on Ophelia is perfect. It is gratifying to the conductors of this Journal to say that several of these brilliant papers originally appeared in these pages. The late Professor James Ferrier, of St. Andrews, himself a well known Shakespearean critic, once expressed to the writer of this note the great instruction and pleasure which he had derived from a perusal of Dr. Bucknill's Essays, and eagerly inquired what manner of man the author was.*

'Handbook of the History of Philosophy.' By Dr. Albert Schwegeler. Translated and annotated by James Hutchison Stirling, LL.D., author of 'The Secret of Hegel,' &c. Edinburgh: Edmonston and Douglas, 1867, pp. 417.

*We hoped to have published in this number of the Journal a short review of the excellent Handbook of Dr. Schwegeler, but pressure on our space has compelled us to defer it till the next number.*

'On State Medicine in Great Britain and Ireland.' By Henry W. Rumsey, M.D., F.R.C.S., &c. &c. London: William Ridgway, Piccadilly, W., 1867 (pamphlet).

*This address was read, in substance, on August 7th, 1867, at the Congress of the British Medical Association held at Dublin. Several portions were then omitted, as the time for each paper was necessarily limited. Those portions of the paper which were read at the meeting were printed, with a report of the subsequent discussion, in the 'British Medical Journal,' of September 7, 1867.*

*It has seemed desirable to others, as well as to Dr. Rumsey, that the whole of this paper should now be published in a separate form, with corrections, notes, and references.*

*An Appendix is added, containing, in the first place, the speeches made in the subsequent discussion, most of which have been corrected by the respective speakers, with the resolutions adopted by the association; and, secondly, some remarks made*

by Dr. Rumsey during the last session of the General Medical Council, on that part of this question which affects medical education.

*This pamphlet, therefore, contains the most complete and recent exposition of Dr. Rumsey's views on State Medicine: that branch of medical science which he, as it were, brought from its continental home, and acclimatised in England by aid of his eloquent teaching.*

'Ueber Erkrankungen des Rückenmarks bei der allgemeinen progressiven Paralyse der Irren.' Von Dr. C. Westphal, in Berlin. Mit einer Tafel. (Separatabdruck aus 'Virchow's Archiv für Pathologische Anatomie und Physiologie und für Klinische Medicin,' Neununddreissigster Band.)

'Die Pathologischen Gewebsveränderungen des Ohrknorpels und deren Beziehungen zur Ohrblutgeschwulst.' Von Dr. Ludwig Meyer in Hamburg (*a reprint*).

'Remarks on the Lunacy Acts for Scotland and District Pauper Lunatic Asylums.' By A. Watson Wemyss, M.D., Fellow of the Royal College of Surgeons of Edinburgh, formerly one of the Surgeons and Clinical Lecturer of the Royal Infirmary of Edinburgh, &c. &c.; author of 'A Medico-Legal Treatise on Homicide by External Violence,' &c. &c. Edinburgh: MacLachlan and Stewart, South Bridge Street, 1867 (*pamphlet*).

'Das Asyl mit seinen beiden Gartenbau-Colonien für Gemüths- und Nervenkranken zu Bendorf bei Coblenz.' Von Sanitätsrath Dr. A. Erlenmeyer. Neuwied 1867. Strüder'sche Verlagsbuchhandlung (*pamphlet*).

'Bendorf-Sayn. Asyl für Gehirn- und Nervenkranken unter Direction des Dr. C. M. Brosius. Berlin: bei August Hirschwald, 1867 (*pamphlet*).

'Insanity in its Medico-Legal Relations. Opinion relative to the Testamentary Capacity of the late James C. Johnston, of Chowan County, North Carolina.' By Wm. A. Hammond, M.D., &c. New York: Baker, Voorhies and Co., 66, Nassau Street, 1866 (*pamphlet*).

'Report of the Proceedings of the Association of Medical Superintendents of American Institutions for the Insane.' 1867 (*pamphlet*).

### *Appointments.*

W. Daxon, M.D., has been appointed Resident Medical Superintendent of the New District Lunatic Asylum at Ennis.

T. W. Shiell, M.B., Resident Medical Superintendent of the Lunatic Asylum, Maryborough, has been appointed Resident Medical Superintendent of the New Lunatic Asylum at Enniscorthy, Co. Wexford.

G. St. G. Tyner, L.K.Q.C.P.I., has been appointed Resident Medical Superintendent of the Auxiliary Lunatic Asylum, Clonmel.

F. W. A. Skae, M.D., has been appointed Medical Superintendent of the Stirling, &c., District Lunatic Asylum.

J. R. McClinton, M.D., &c., late Assistant-Physician, Royal Asylum, Perth, has been appointed Physician to the Stretton Home and Grove Private Asylums, Church Stretton, Shropshire.

A. R. Gray, M.D. (recently Assistant to Dr. Jamieson, Royal Lunatic Asylum, Aberdeen), has been appointed Resident Medical Officer of the Banffshire Lunatic Asylum.

G. M. Bacon, M.D., has been appointed Resident Medical Superintendent of the Cambridgeshire, Isle of Ely, and Borough of Cambridge Lunatic Asylum at Fulbourn, near Cambridge, vice G. W. Lawrence, M.D. Lond., who retires upon an annuity by way of superannuation.

A. J. Newman, M.R.C.S.E., has been appointed Assistant Medical Officer at the Criminal Lunatic Asylum, Broadmoor, Wokingham, vice Francis W. Gibson, M.D., appointed Medical Officer to the St. Pancras Union Infirmary.

Dr. Hearder has been appointed Medical Superintendent of the Carmarthen and Joint Counties Lunatic Asylum.

R. W. Keogney, M.D., has been appointed Assistant-Physician at the Provincial Hospital for the Insane, Halifax, Nova Scotia.

T. J. Colman, M.R.C.S.E., has been appointed Assistant-Physician to the Royal Asylum for the Insane, Edinburgh.

J. Rutherford, M.D. Edin., has been appointed Assistant Medical Officer to Birmingham Borough Lunatic Asylum.

### *Obituary.*

On the 27th October, at Chelmsford Terrace, Bayswater, in his 76th year, John Mills Probyn, Esq., M.D., M.R.C.S., late of Newbury, Berks, and formerly Superintendent of the Royal Glasgow Asylum and the County Lunatic Asylum, Lancaster.

### *Errata.*

In the address by Dr. Mundy on the "Lunacy Laws in Europe," published in our last number, the following errors occur:—

*At page 321, line 13, the passage beginning "There is a rule," &c., should read thus:—"There are also cases when obligatory certificates are required to be signed merely as it were for disciplinary reasons, although such proceeding is not sanctioned by the law of 1838."*

*At page 332, the statements that the Norwegian Insane Act was passed in 1838, and the Swedish Act in 1845, should be respectively 1848 and 1858.*

*At page 324, instead of 600,000 read 500,000, and instead of 350,000 read 50,000.*

### Notice to Correspondents.

English books for review, pamphlets, exchange journals, &c., to be sent either by book-post to Dr. Robertson, Hayward's Heath, Sussex; or to the care of the publishers of the Journal, Messrs. Churchill and Sons, New Burlington Street. French, German, and American publications may be forwarded to Dr. Robertson, by foreign book-post, or to Messrs. Williams and Norgate, Henrietta Street, Covent Garden, to the care of their German, French, and American agents, Mr. Hartmann, Leipzig; M. Borrari, 9, Rue de St. Pères, Paris; Messrs. Westermann and Co., Broadway, New York.

Authors of Original Papers wishing *Reprints* for private circulation can have them on application to the Printer of the Journal, Mr. Adlard, Bartholomew Close, E.C., at a fixed charge of 30s. per sheet per 100 copies, including a coloured wrapper and title-page.

The copies of *The Journal of Mental Science* are regularly sent by *Book-post* (*prepaid*) to the ordinary Members of the Association, and to our Home and Foreign Correspondents; and Dr. Robertson will be glad to be informed of any irregularity in their receipt or overcharge in the Postage.

The following *EXCHANGE JOURNALS* have been regularly received since our last publication:

The *Annales Médico-Psychologiques*; the *Zeitschrift für Psychiatrie*; the *Vierteljahrsschrift für Psychiatrie in ihren Beziehungen zur Morphologie und Pathologie des Central-Nervensystems, der physiologischen Psychologie, Statistik und gerichtlichen Medicin, herausgegeben von Professor Dr. Max Leidesdorf und Dozent Dr. Theodor Meynert*; *Archiv für Psychiatrie und Nervenkrankheiten, in Verbindung mit Dr. L. Meyer und Dr. C. Westphal, herausgegeben von Dr. W. Griesinger*; the *Correspondenz Blatt der deutschen Gesellschaft für Psychiatrie*; *Archiv für Psychiatrie*; the *Irren Freund*; *Journal de Médecine Mentale*; *Archivio Italiano per le Malattie Nervose e per le Alienazioni Mentali*; *Medizinische Jahrbücher (Zeitschrift der K. K. Gesellschaft der Aerzte in Wien)*; the *Edinburgh Medical Journal*; the *American Journal of Insanity*; the *Quarterly Journal of Psychological Medicine, and Medical Jurisprudence, edited by William A. Hammond, M.D. (New York)*; the *British and Foreign Medico-Chirurgical Review*; the *Journal of Anatomy and Physiology, conducted by G. M. Humphrey, M.D. F.R.S., and Wm. Turner, M.B., F.R.S.E.*; the *Dublin Quarterly Journal*; the *Medical Mirror*; the *British Medical Journal*; the *Medical Circular*; and the *Journal of the Society of Arts*. Also the *Morningside Mirror*; the *York Star*; *Excelsior, or the Murray Royal Institution Literary Gazette*.

On and after the 1st of October great facilities are given for the transmission of periodicals between England and the United States of America, by *Book Post*. We trust our American Correspondents will avail themselves of them.

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Note to Dr. S. W. D. Williams' paper "*A few Words in answer to Dr. Edgar Sheppard.*"

With reference to an extract from the *British Medical Journal* (Nov. 30),



which I find as a foot-note in my reply to Dr. Edgar Sheppard, I think it fair to reprint here the following letter, which appears in the same journal of to-day with reference to that paragraph. S. W. D. W.

Hayward's Heath; December 28.

#### THE COLNEY HATCH LUNATIC ASYLUM.

SIR,—I am very sorry that your first notice of Professor Griesinger's "new and excellent journal" should be the embodiment of a perfectly false statement. The article to which you refer in last week's number of the *British Medical Journal*, was written by Dr. Carl Westphal, the assistant of Professor Griesinger in Berlin; and this gentleman I had the honour (*sic*) of conducting round the Asylum in July last. I now beg leave to give the most distinct denial to Dr. Westphal's statement, that maniacal, or indeed any other classes of patients "were shut up in cells perfectly naked." The greatest care is taken here that the patients are perfectly and efficiently clothed; and the attendants have most rigorous instructions to that effect. I have a distinct recollection of Dr. Westphal's visit, and can affirm most certainly that none of his statements are correct.

With reference to "the discussion of the impropriety of such a procedure" (apart from Dr. Westphal's manner of criticising the treatment pursued in an asylum shown him at the request of the personal friend of the superintendent), I remember none such; but I do remember that Dr. Carl Westphal was particularly anxious to enforce some ideas of his own on lesions of the spinal cord in general paralysis. Most probably, the great interest he takes in his own observations causes him to mistake one's courtesy in listening to what a foreigner has to say for acquiescence in the subject. At whatever Gamaliel's feet I might be inclined to sit, certainly at Dr. Westphal's I shall not be found; and I beg to put in a distinct disclaimer to any participation in his views or arguments.

The Commissioners in Lunacy at their recent visit expressed themselves highly satisfied with the manner in which the patients were treated; but perhaps Dr. Carl Westphal sets himself up for their critic.

The paper referred to rests entirely on questions of fact; and Dr. Westphal's statements of these facts is absolutely and entirely false. As the power of contradicting these statements rests with none so perfectly as with myself, I have judged it right to set the truth clearly forward. I am, etc.,

T. CLAYE SHAW, B.A., M.D. Lond.,  
Assistant Medical Officer, Middlesex County  
Lunatic Asylum, Colney Hatch.

Colney Hatch, December 4th, 1867.

\* \* \* We have appealed in vain to Dr. Claye Shaw to modify the language of the above letter; and we now insert it, notwithstanding that the language of the writer in this, and in another communication relating to it, is such as would properly exclude it from publication, because the interests and reputation of his senior officer, Dr. Sheppard, and of the asylum, might be prejudiced if the discourtesy of the writer were to prevent the statement which he makes from being placed before our readers.—*British Medical Journal*, December 28.

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